Headquarters U.S. Air Force

Integrity - Service - Excellence

AFMS Group

19 Mar 04
0830-1000

U.S. AIR FORCE

U.S. AIR FORCE

AFMS Group Agenda

- **Execution Brief – Lt Col Tenney** **30 Min**
- **HPLRP – Lt Col Swinson** **10 Min**
- **FY04 UFRs – Panels** **50 Min**

Headquarters U.S. Air Force

Integrity - Service - Excellence

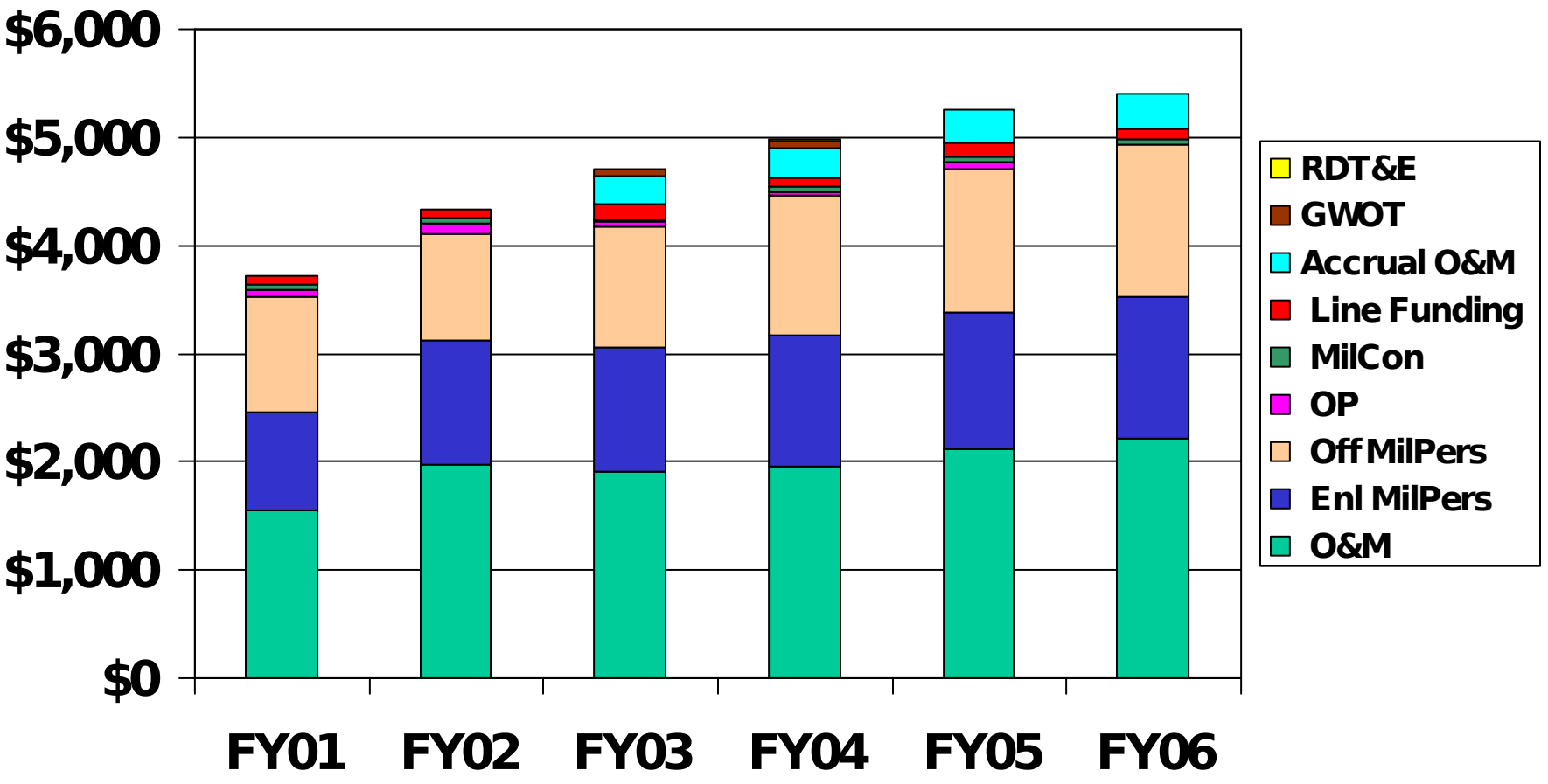
Execution Brief

Lt Col Tracy Tenney
18 March 2004

U.S. AIR FORCE

U.S. AIR FORCE

AFMS Budget Roll-up ($M)



So How Is The Air Force Medical Service Doing?

U.S. AIR FORCE

DHP Funding (M)

Operation & Maintenance	FY 2003	1,962	817	42%
Research, Development, Testing & Evaluation	FY 2003-2004	1.0	0.0	0%
	FY 2004-2005	12.2	0.0	0%
Procurement	FY 2002-2004	112.3	106.4	95%
	FY 2003-2005	54.1	43.6	81%
	FY 2004-2006	39.8	9.7	24%

U.S. AIR FORCE

DHP Funding ($M)

Operation & Maintenance	FY 2003	1,962	817	42%
Research, Development, Testing & Evaluation	FY 2003-2004	1.0	0.0	0%
	FY 2004-2005	12.2	0.0	0%
Procurement	FY 2002-2004	112.3	106.4	95%
	FY 2003-2005	54.1	43.6	81%
	FY 2004-2006	39.8	9.7	24%

Collection and Relay Capability **$1.5M**

Type II Diabetes Research **$9.7M**

Border Health **$0.975M**

U.S. AIR FORCE

FY04 O&M ($K)

	Annual Program	Straight Line	Actual 29 Feb	% (S/L=41.6%)
AETC	$ 499,946	$ 208,311	$ 226,214	45.2%
AMC	$ 373,115	$ 155,465	$ 160,140	42.9%
AFMC	$ 329,297	$ 137,207	$ 119,203	36.2%
ACC	$ 252,207	$ 105,086	$ 107,254	42.5%
HQ AF/SG	$ 178,419	$ 89,954	$ 74,341	41.7%
AFSPC	$ 96,573	$ 40,239	$ 38,400	39.8%
USAFE	$ 80,015	$ 33,340	$ 32,773	41.0%
PACAF	$ 74,808	$ 31,170	$ 35,026	46.8%
USAFA	$ 35,136	$ 14,640	$ 13,954	39.7%
AFSOC	$ 17,374	$ 7,239	$ 7,878	45.3%
AFMS	$ 1,961,596	$ 817,332	$ 830,905	42.4%

AFMS O&M

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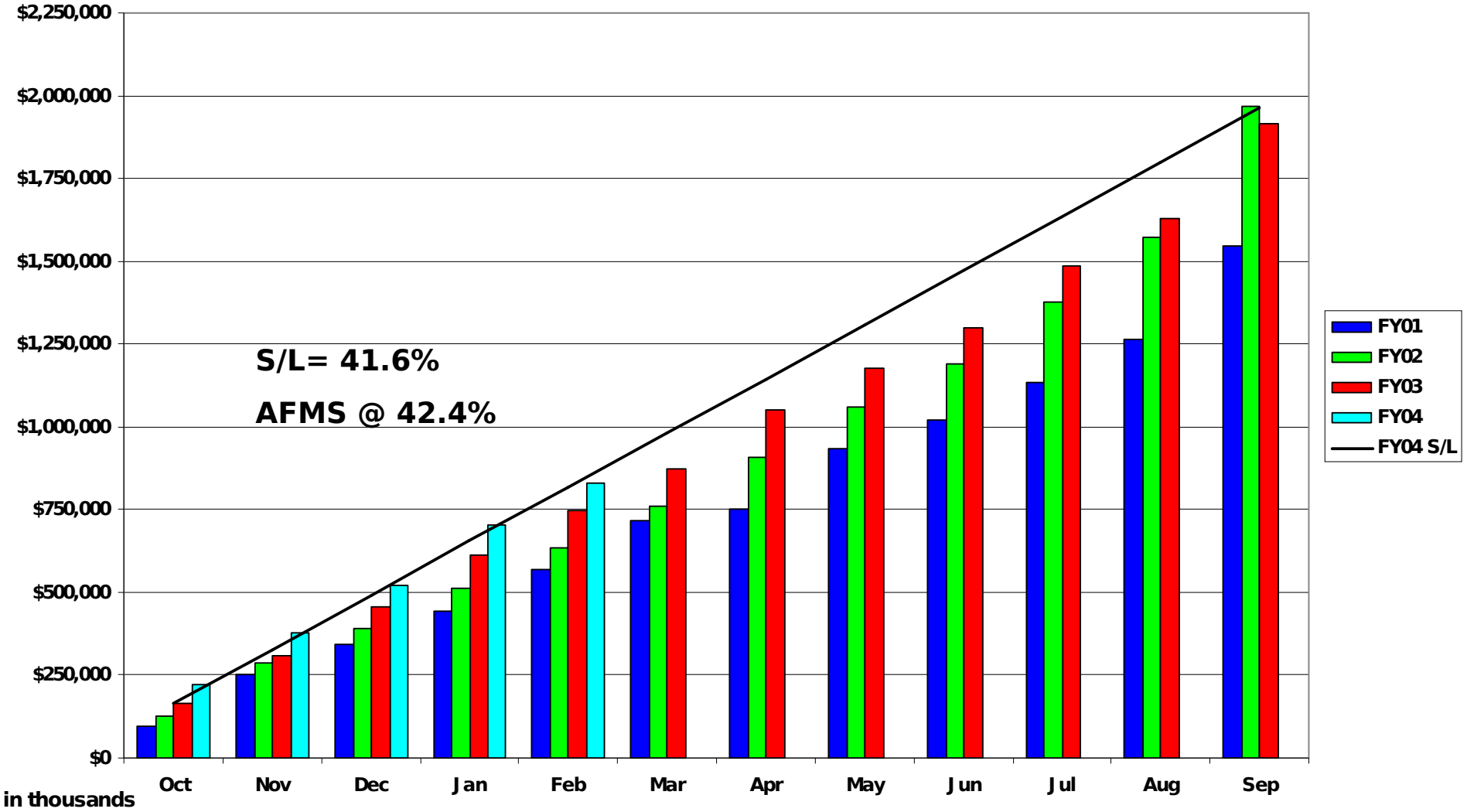
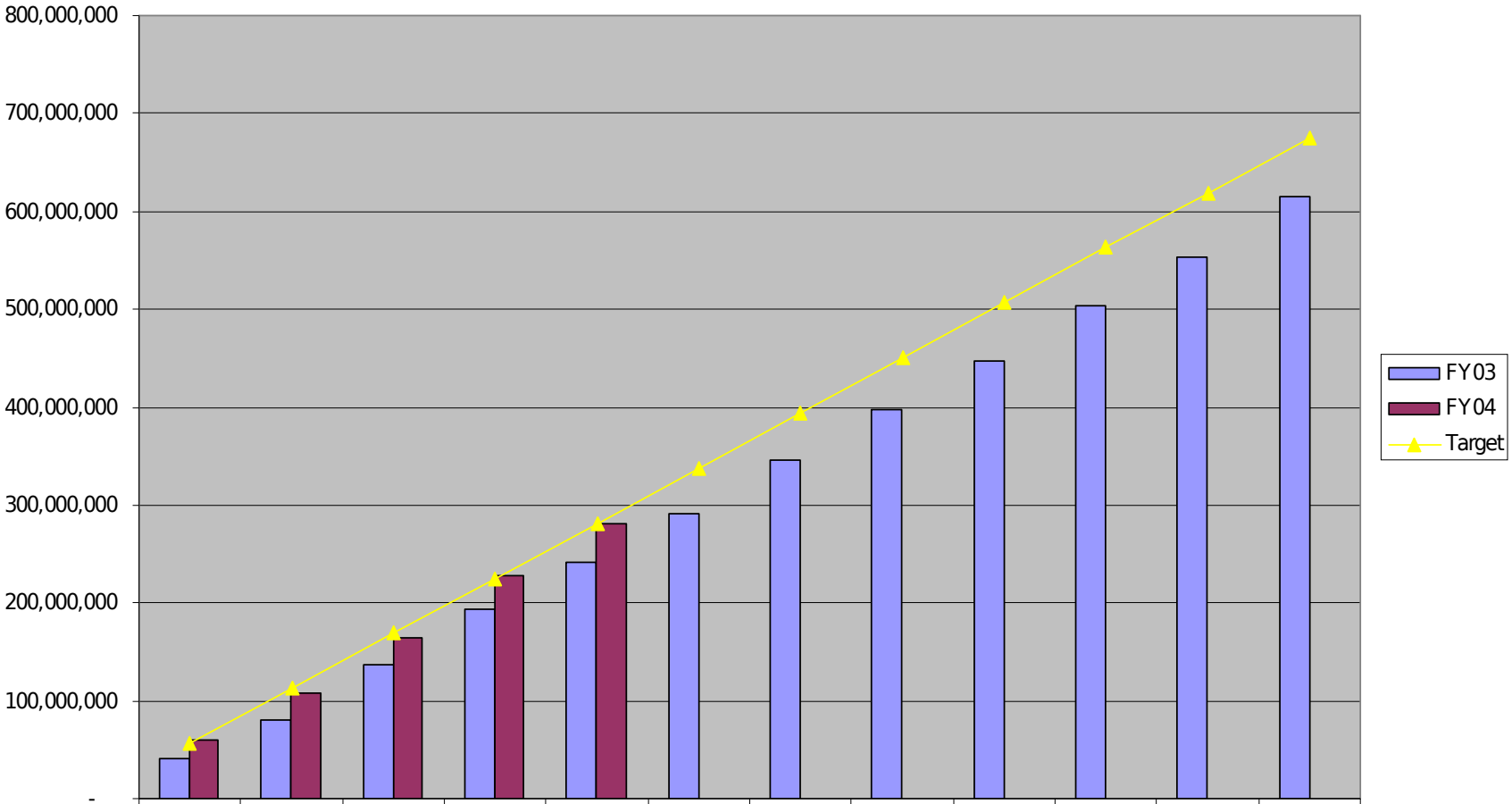


AFMS FY Pharmacy Program Execution Analysis



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY03	40,552,588	81,031,220	136,713,691	193,021,042	241,665,328	290,373,308	345,370,099	397,281,956	447,316,151	503,545,835	553,408,841	614,249,825
FY04	60,160,041	108,104,140	165,168,698	227,264,977	281,690,187							
Target	56,275,500	112,551,000	168,826,500	225,102,000	281,377,500	337,653,000	393,928,500	450,204,000	506,479,500	562,755,000	619,030,500	675,306,000

O&M AETC

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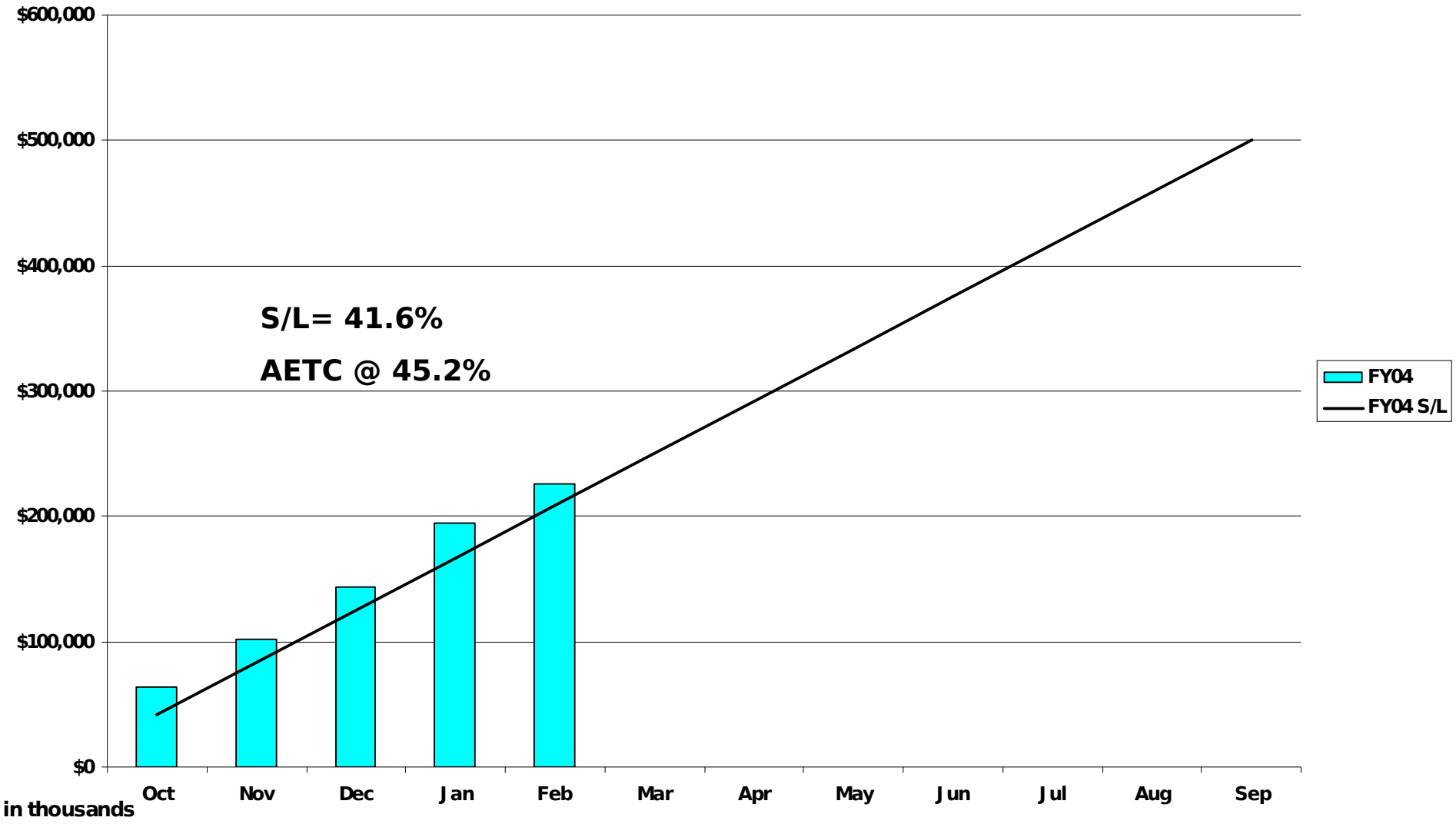

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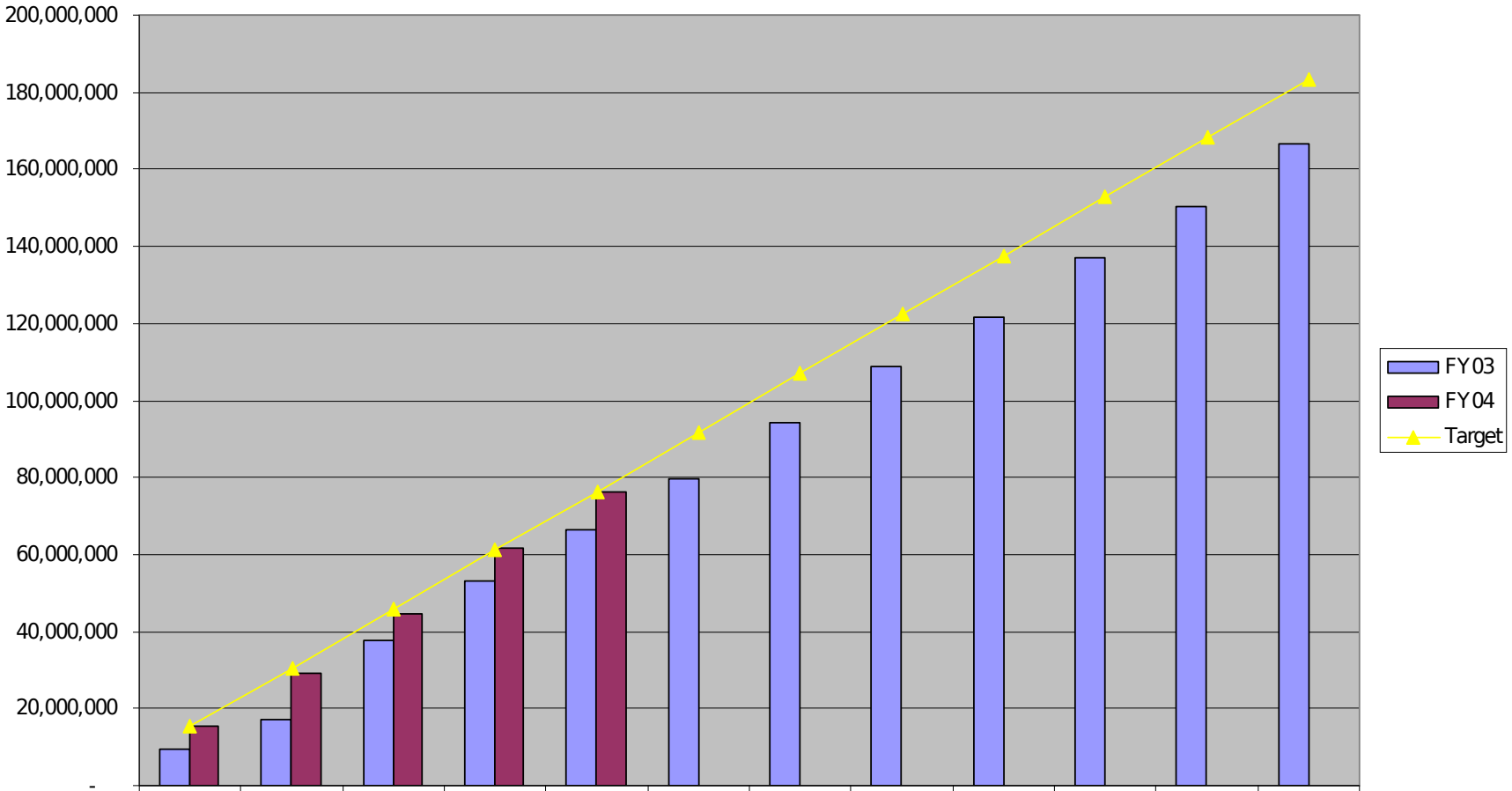
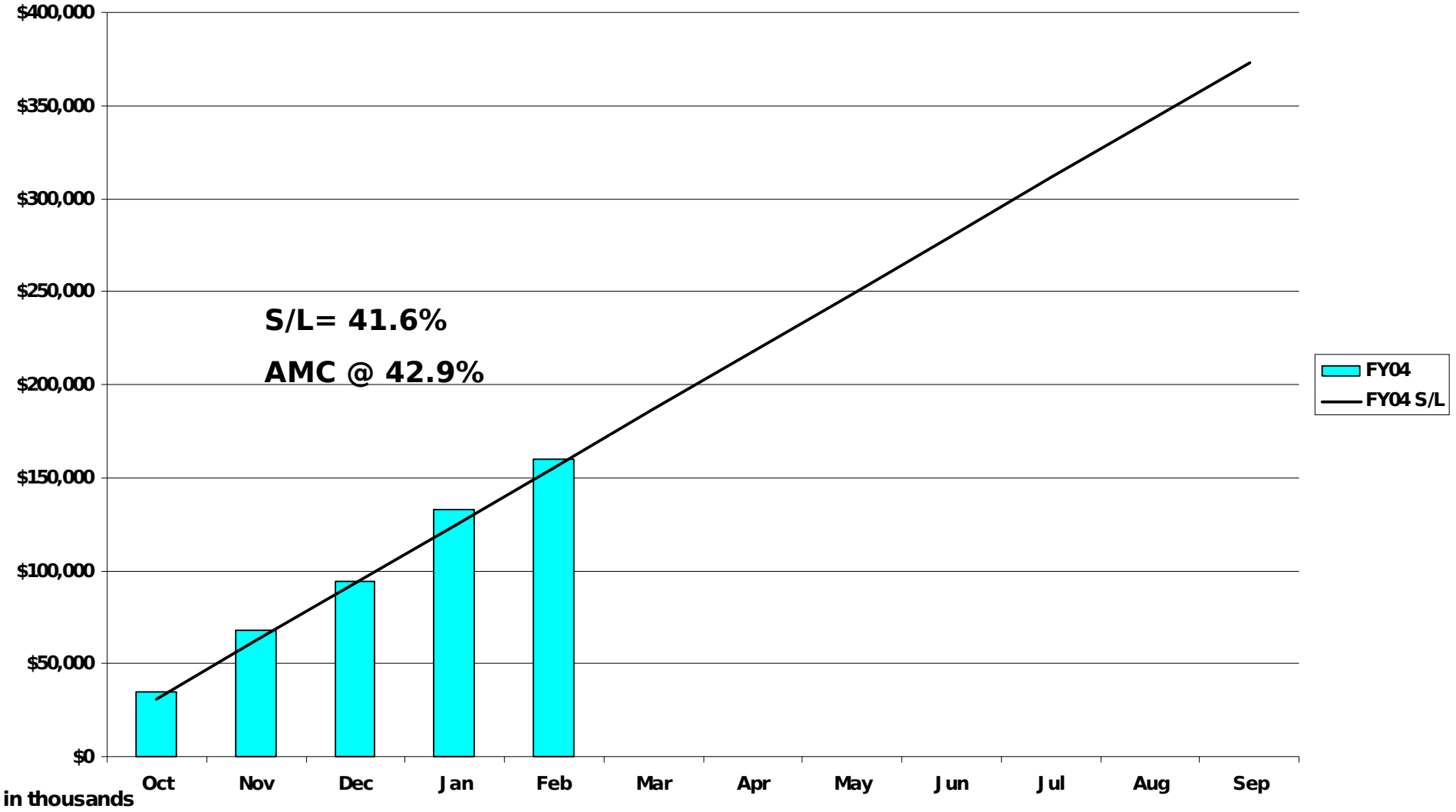
AETC
FY04 Pharmacy Execution



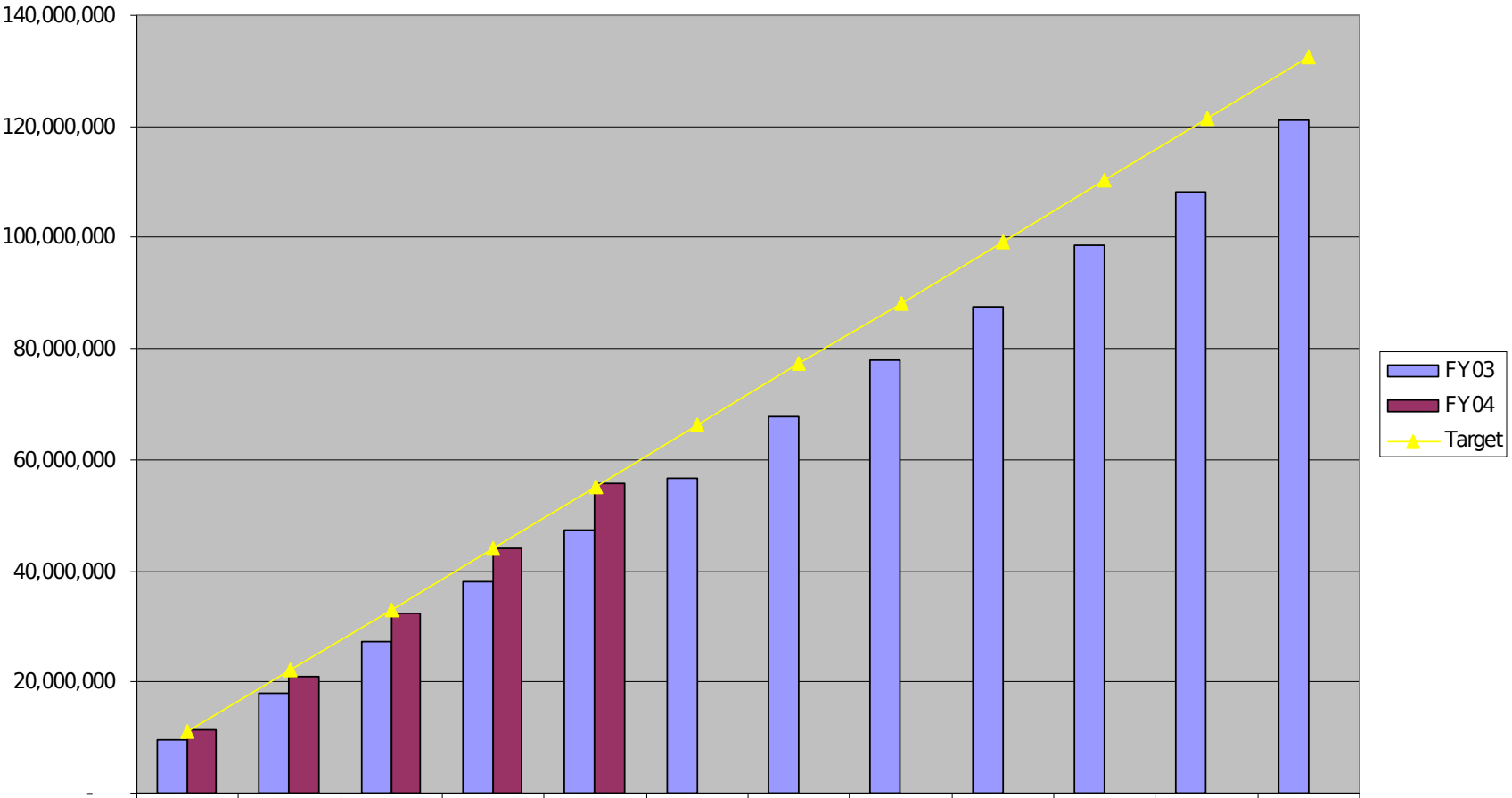
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY03	9,224,934	17,096,088	37,684,950	52,999,234	66,270,185	79,484,382	94,407,880	108,652,660	121,758,226	136,954,365	150,112,426	166,628,805
FY04	15,486,289	29,154,590	44,566,999	61,566,244	76,047,411							
Target	15,285,833	30,571,667	45,857,500	61,143,333	76,429,167	91,715,000	107,000,833	122,286,667	137,572,500	152,858,333	168,144,167	183,430,000

O&M AMC


$400,000
$350,000
$300,000
$250,000
$200,000
$150,000
$100,000
$50,000
$0
S/L= 41.6%
AMC @ 42.9%
FY04
FY04 S/L
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
in thousands

U.S. AIR FORCE

AMC
FY04 Pharmacy Execution



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY03	9,560,099	17,959,434	27,131,265	38,050,533	47,401,137	56,660,006	67,734,444	77,949,277	87,423,985	98,590,528	108,289,995	120,981,038
FY04	11,398,843	21,095,020	32,277,396	44,110,258	55,615,592							
Target	11,031,083	22,062,167	33,093,250	44,124,333	55,155,417	66,186,500	77,217,583	88,248,667	99,279,750	110,310,833	121,341,917	132,373,000

O&M AFMC

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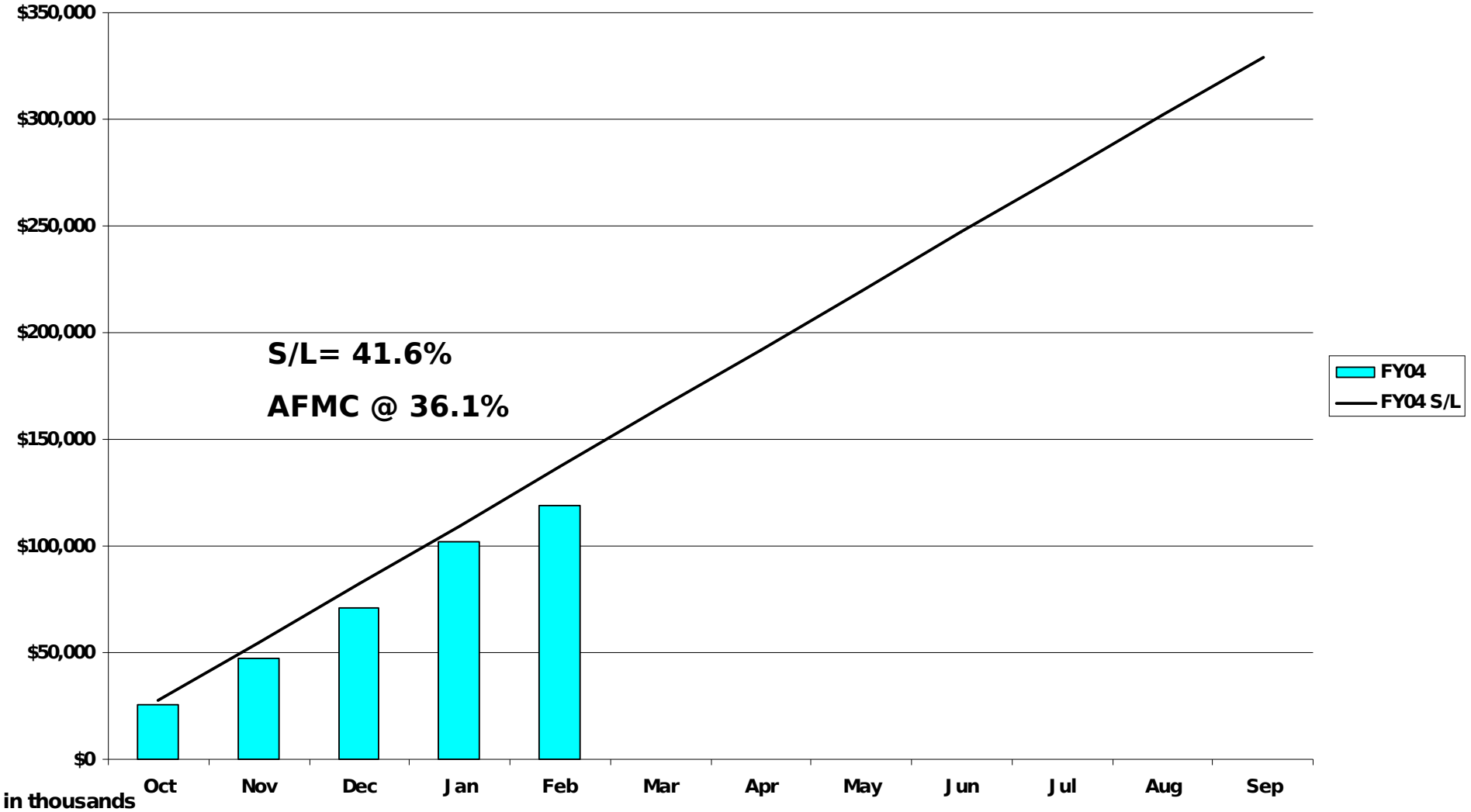

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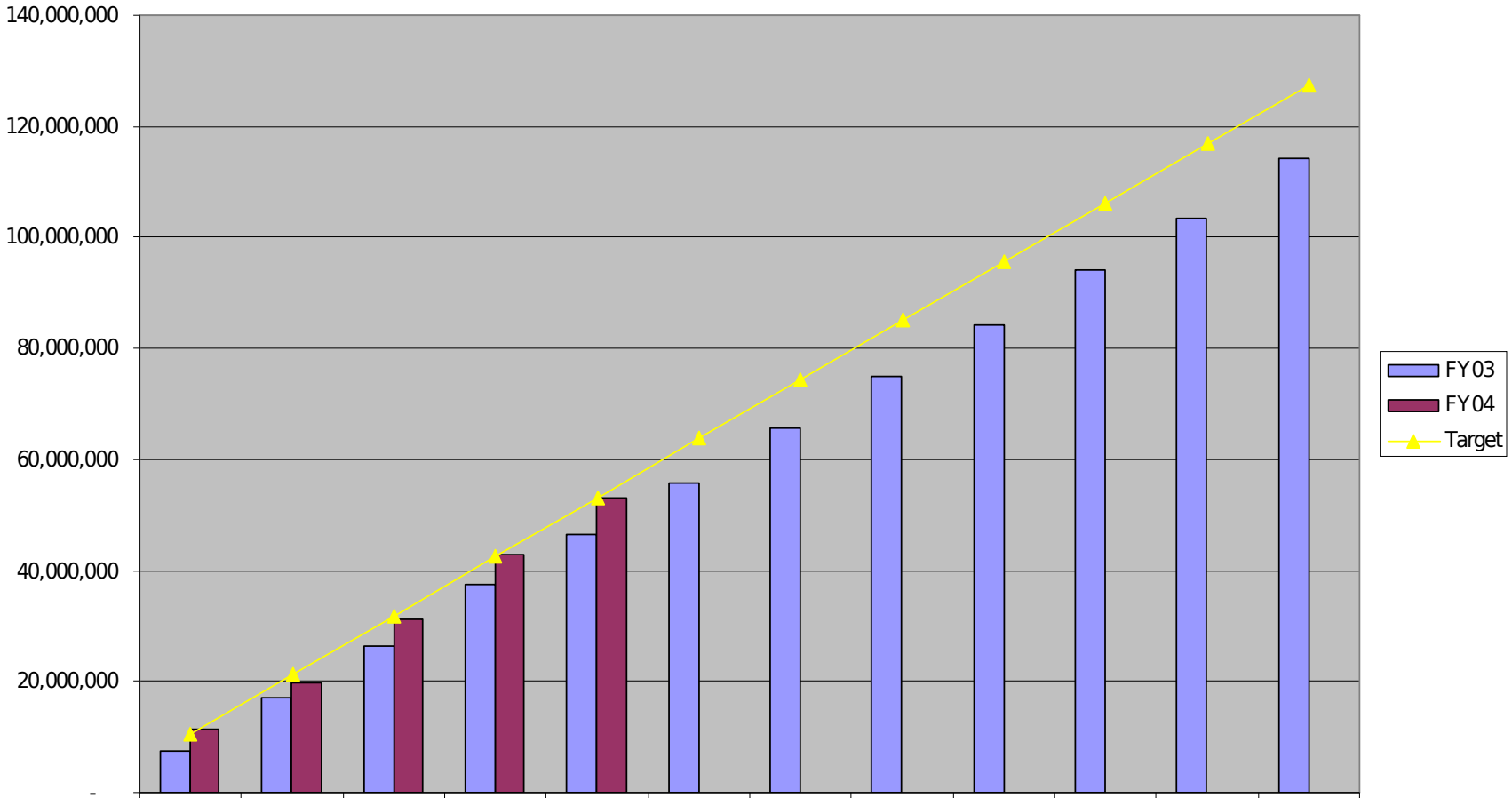
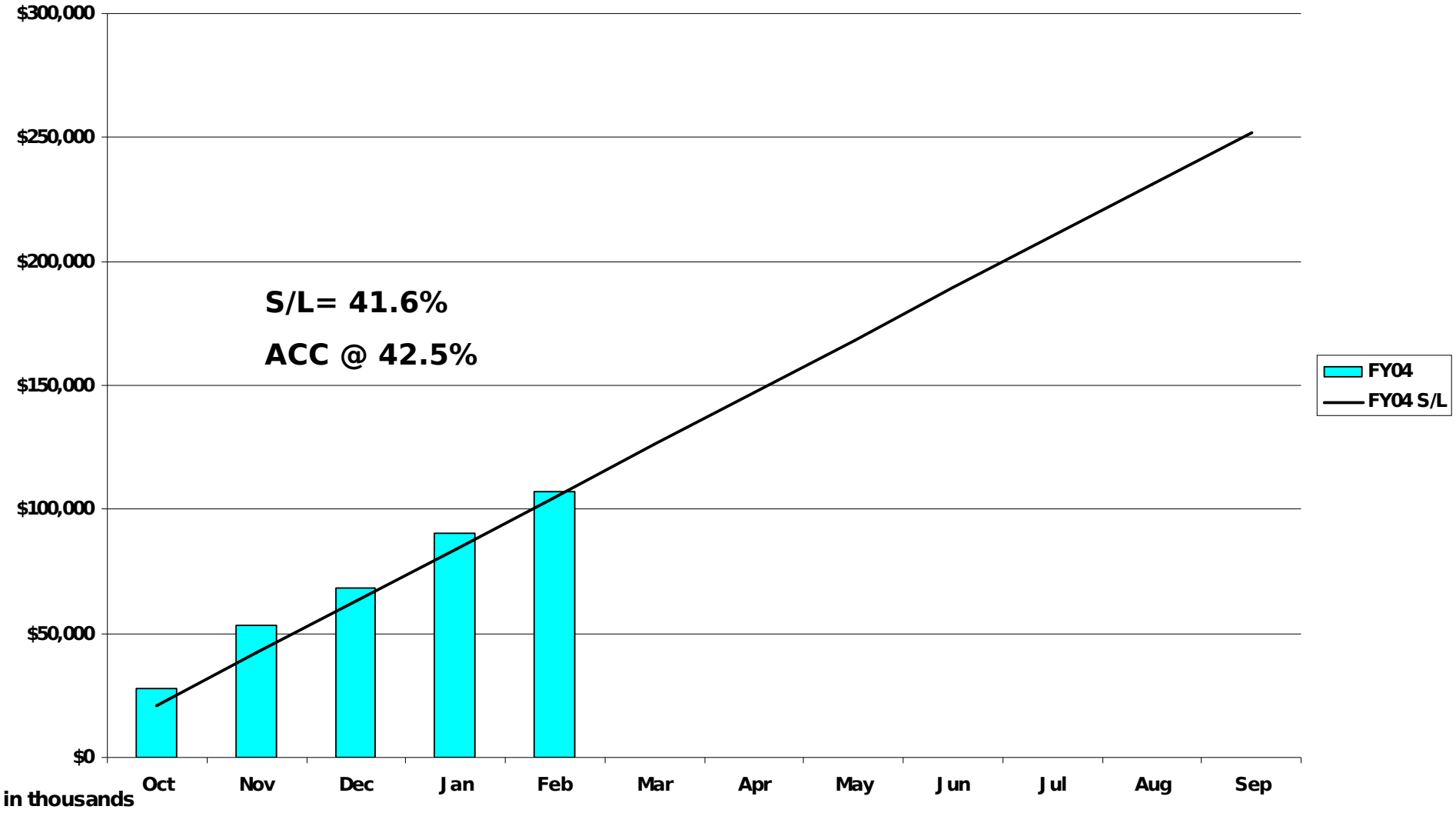
AFMC
FY04 Pharmacy Execution



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY03	7,612,546	17,223,891	26,255,663	37,454,879	46,510,523	55,852,734	65,697,711	74,892,401	84,341,977	94,234,209	103,553,627	114,098,203
FY04	11,372,709	19,820,007	31,268,984	42,997,147	53,066,893							
Target	10,626,250	21,252,500	31,878,750	42,505,000	53,131,250	63,757,500	74,383,750	85,010,000	95,636,250	106,262,500	116,888,750	127,515,000

O&M ACC


$300,000
$250,000
$200,000
$150,000
$100,000
$50,000
$0
S/L= 41.6%
ACC @ 42.5%
Oct
Nov
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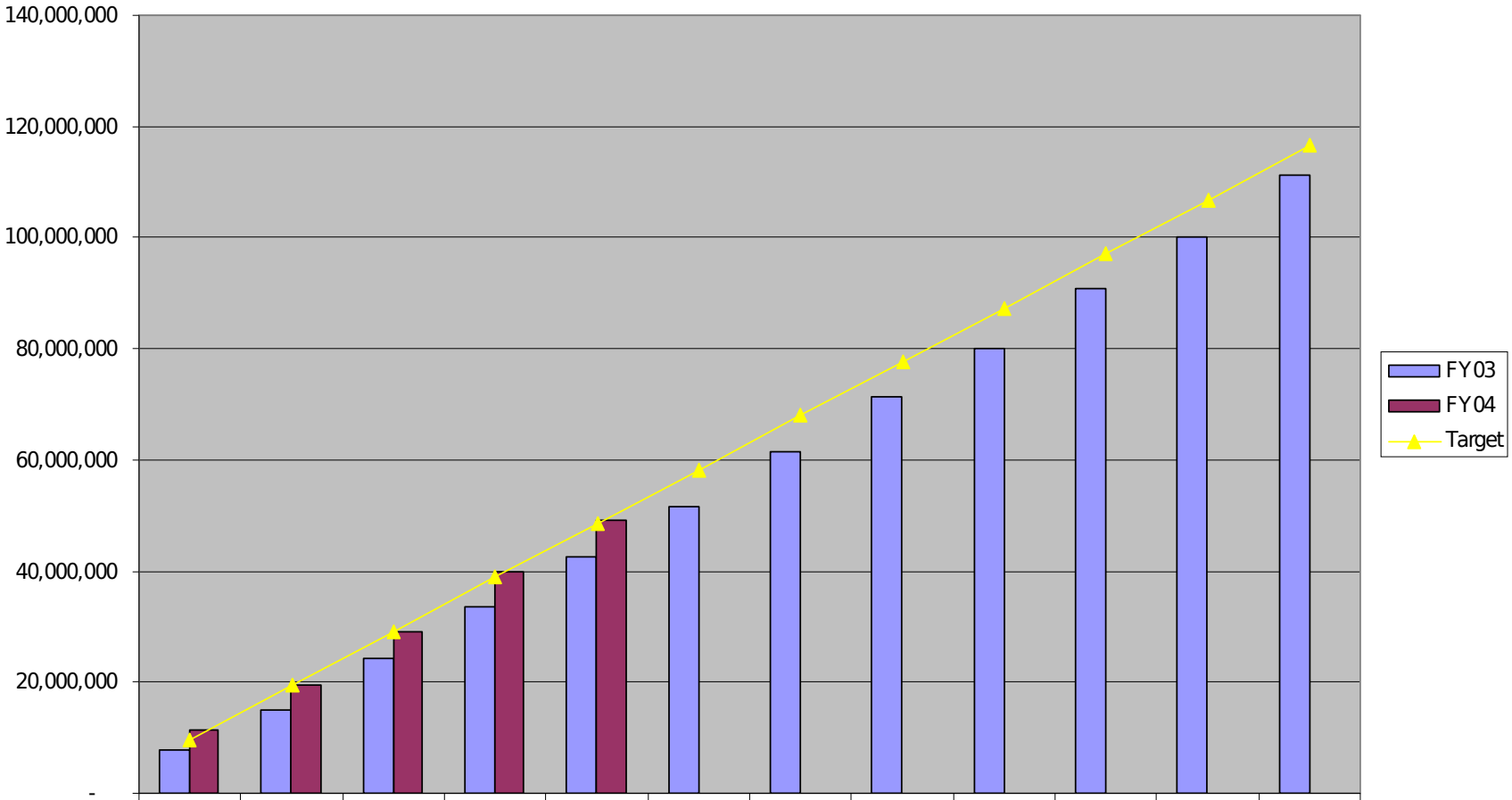
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
FY04
FY04 S/L
in thousands

ACC
FY04 Pharmacy Execution



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY03	7,663,236	15,056,239	24,165,039	33,693,719	42,494,202	51,527,334	61,538,201	71,218,618	80,162,625	90,941,006	100,133,958	111,166,320
FY04	11,332,007	19,561,431	28,966,296	39,983,479	49,278,932							
Target	9,707,083	19,414,167	29,121,250	38,828,333	48,535,417	58,242,500	67,949,583	77,656,667	87,363,750	97,070,833	106,777,917	116,485,000

O&M AFSPC

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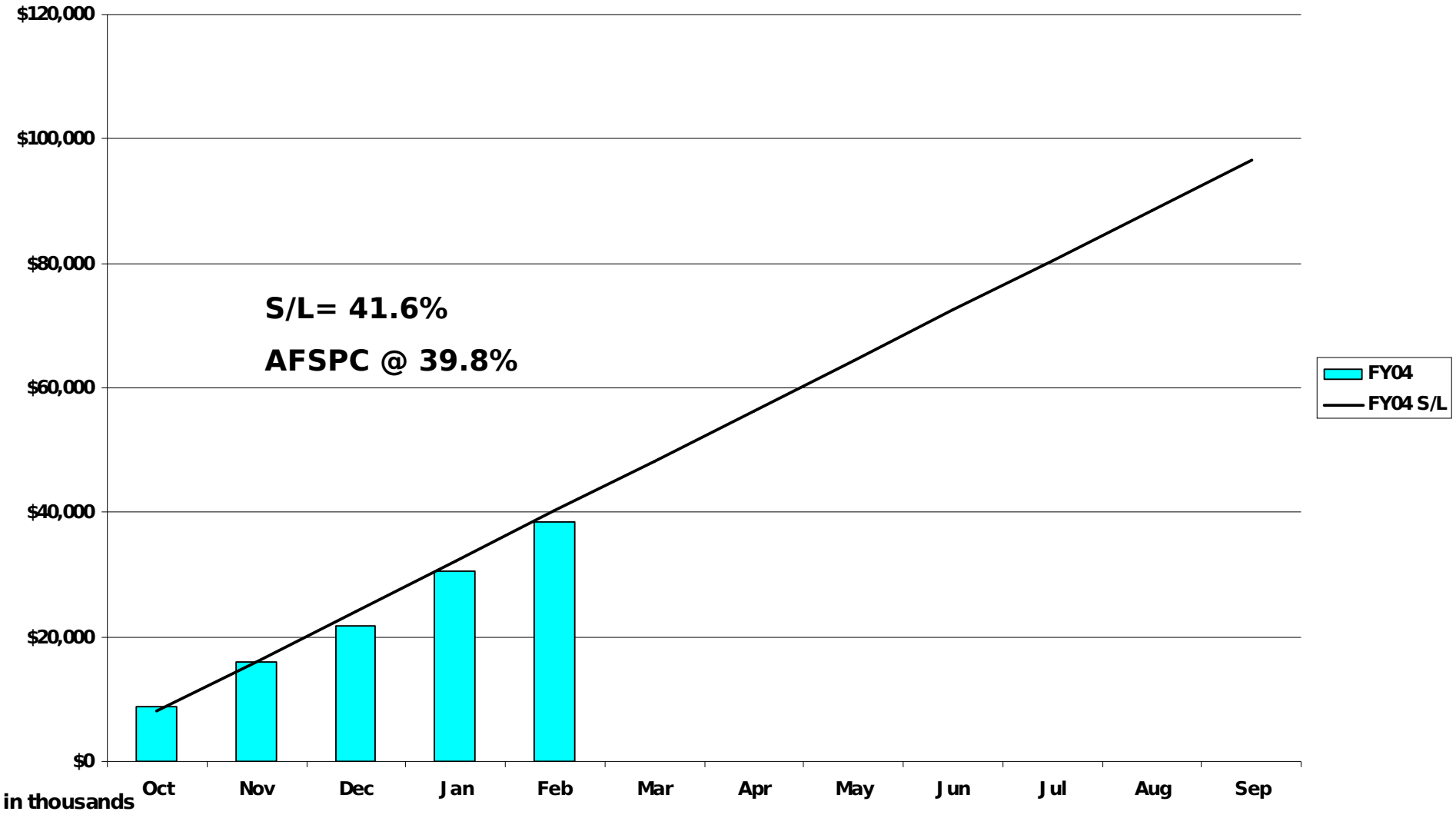
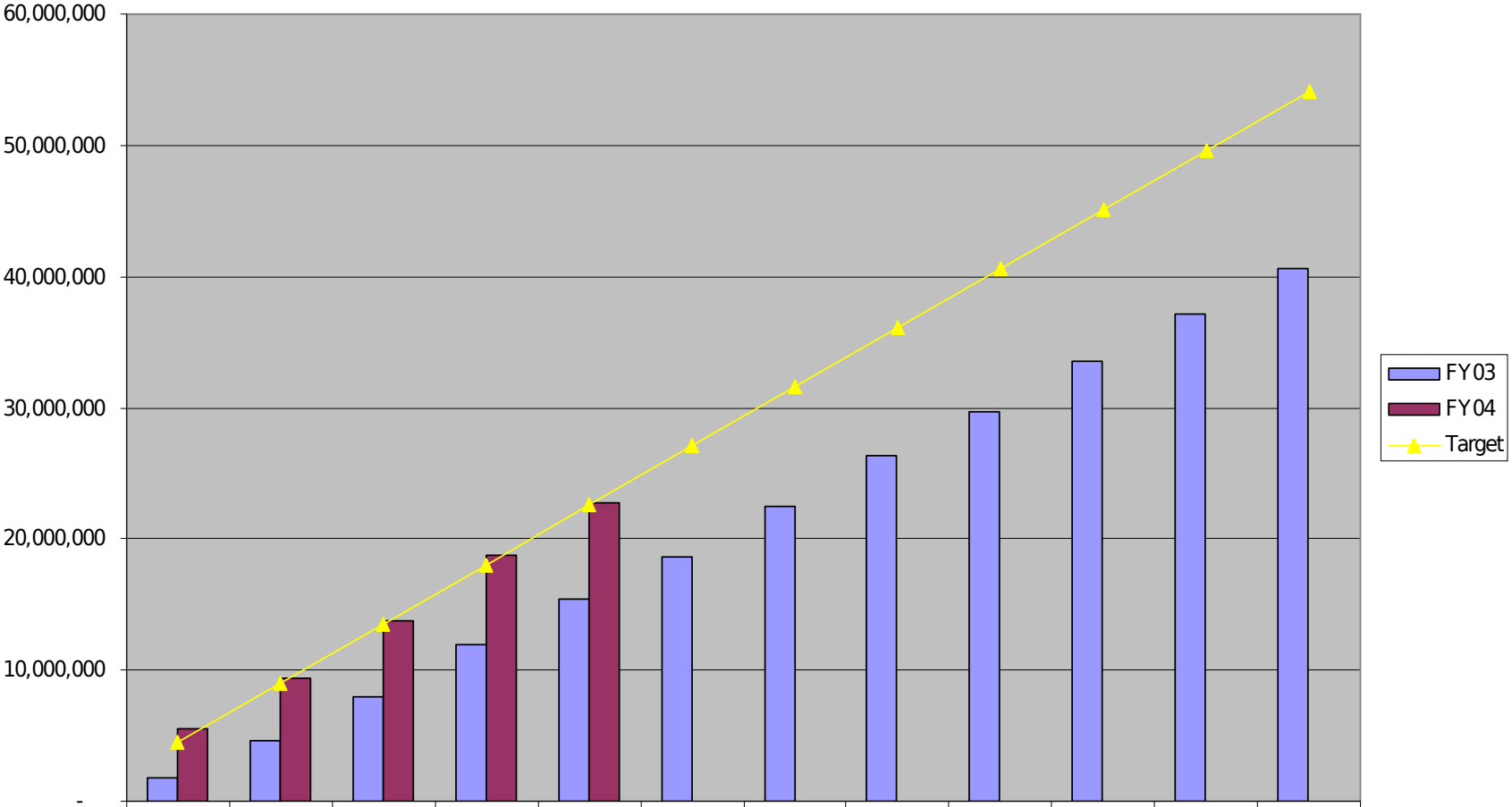


U.S. AIR FORCE

AFSPC
FY04 Pharmacy Execution



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY03	1,782,208	4,580,075	7,965,581	11,963,282	15,432,324	18,604,785	22,516,488	26,277,252	29,709,618	33,510,074	37,187,287	40,596,964
FY04	5,544,237	9,406,317	13,784,334	18,770,431	22,730,174							
Target	4,512,500	9,025,000	13,537,500	18,050,000	22,562,500	27,075,000	31,587,500	36,100,000	40,612,500	45,125,000	49,637,500	54,150,000

O&M USAFE

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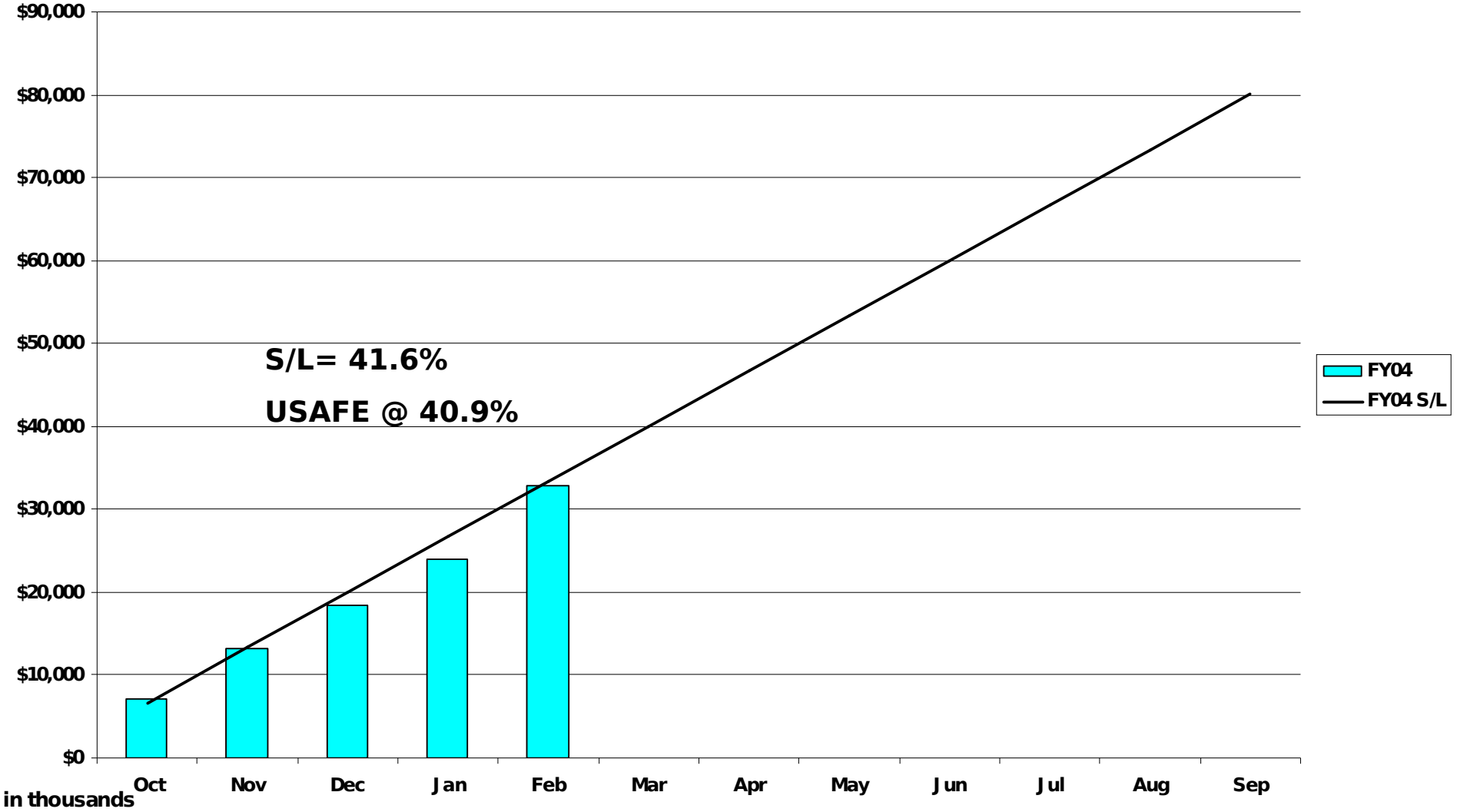
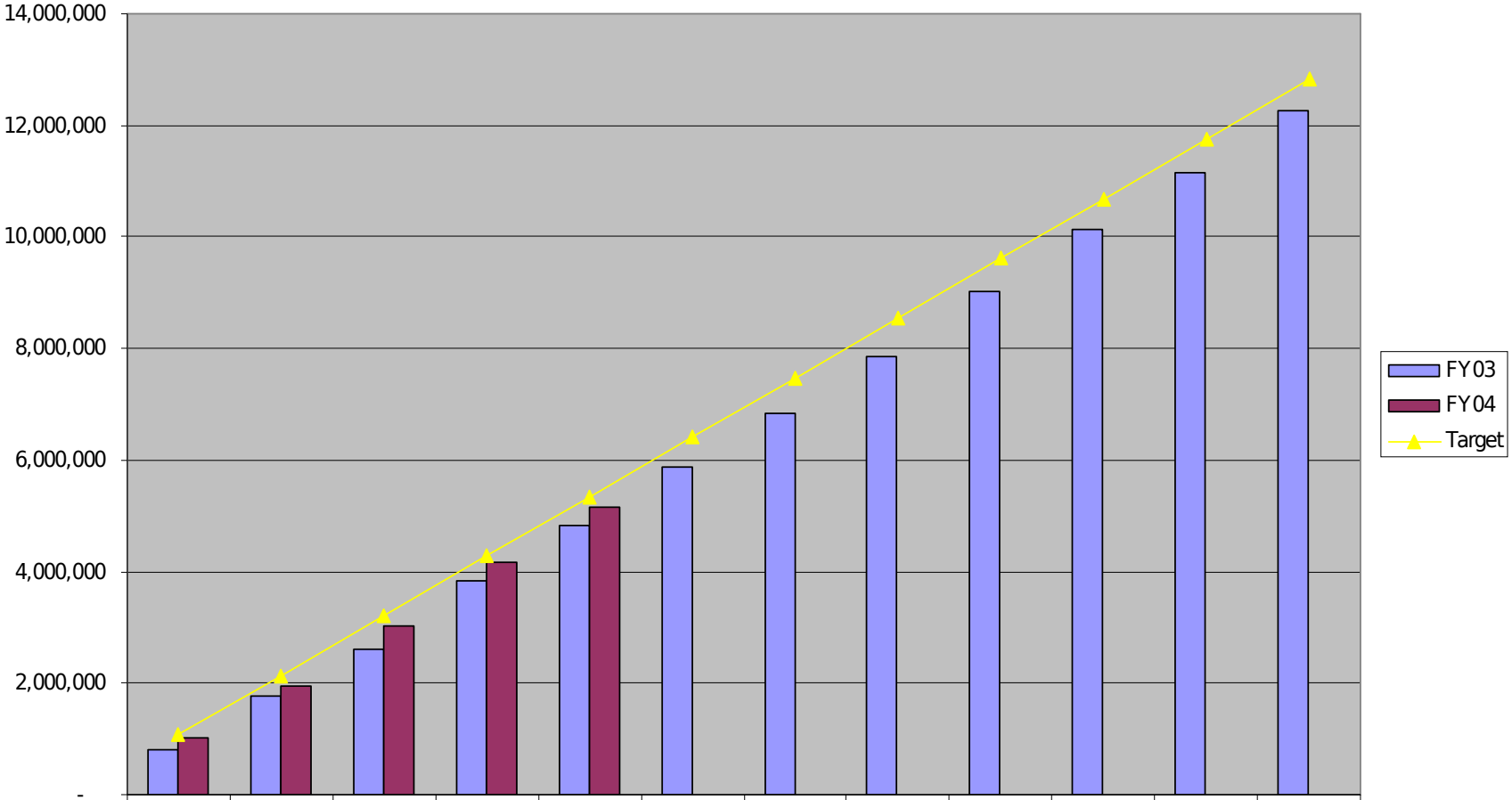


U.S. AIR FORCE

USAFE
FY04 Pharmacy Execution



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY03	817,382	1,757,649	2,611,845	3,845,688	4,838,626	5,864,718	6,833,862	7,866,590	9,014,390	10,138,752	11,137,764	12,260,815
FY04	1,029,717	1,958,238	3,031,622	4,161,905	5,152,658							
Target	1,068,417	2,136,833	3,205,250	4,273,667	5,342,083	6,410,500	7,478,917	8,547,333	9,615,750	10,684,167	11,752,583	12,821,000

O&M PACAF

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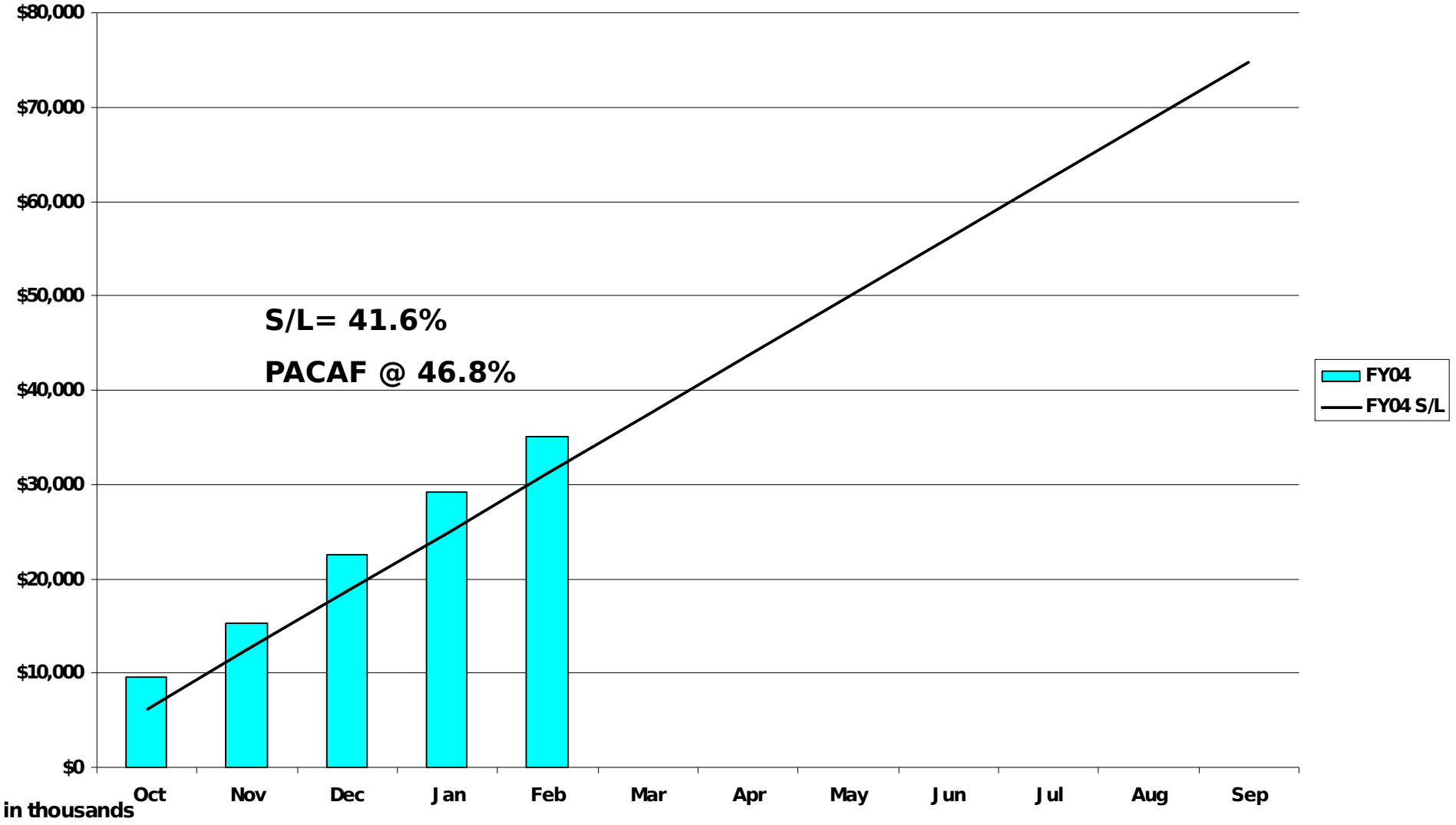
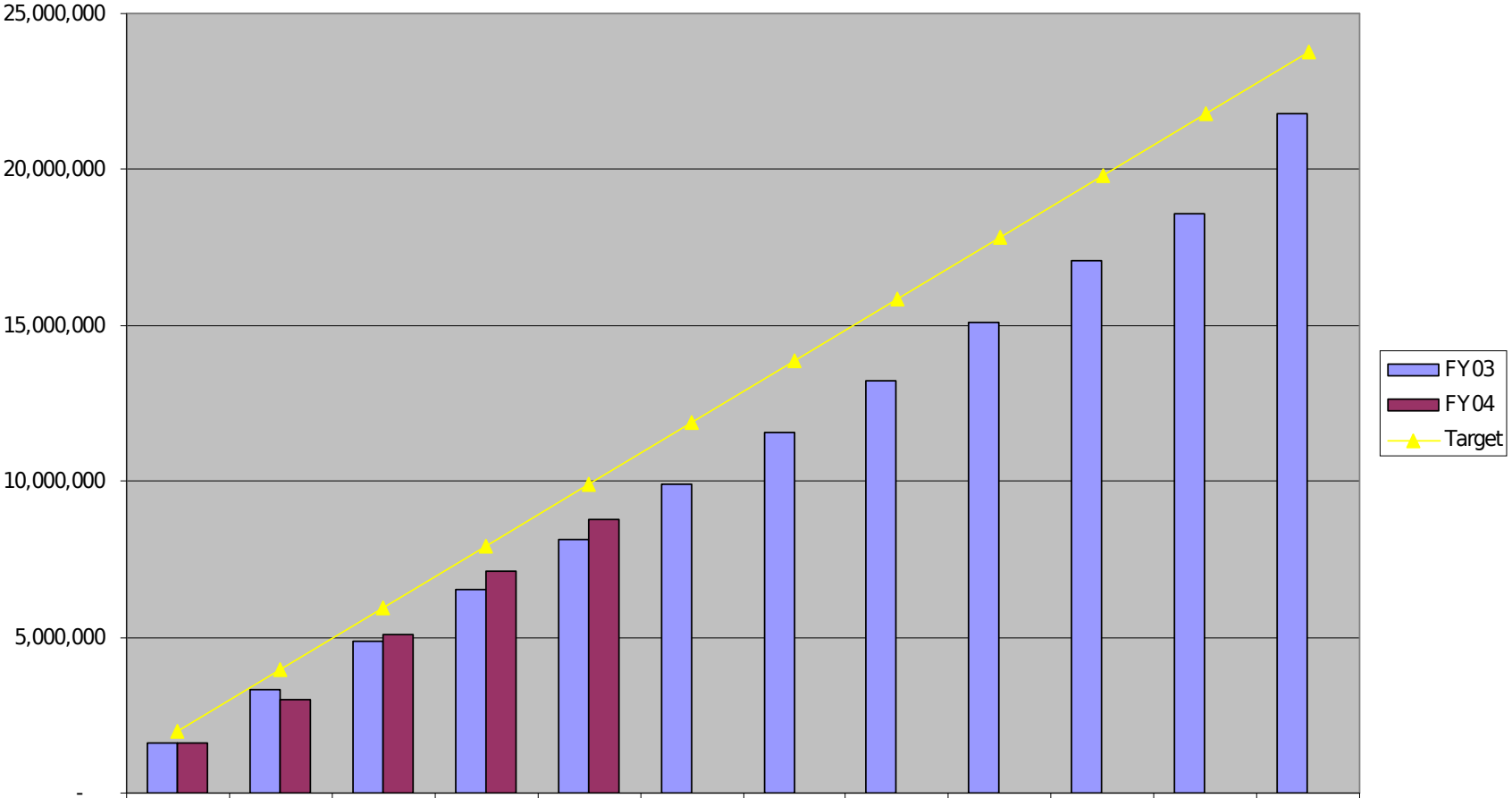


PACAF
FY04 Pharmacy Execution



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY03	1,607,347	3,342,960	4,853,753	6,523,262	8,152,645	9,884,270	11,588,138	13,204,016	15,112,419	17,081,575	18,581,750	21,761,885
FY04	1,624,448	3,014,237	5,097,786	7,126,885	8,784,416							
Target	1,980,417	3,960,833	5,941,250	7,921,667	9,902,083	11,882,500	13,862,917	15,843,333	17,823,750	19,804,167	21,784,583	23,765,000

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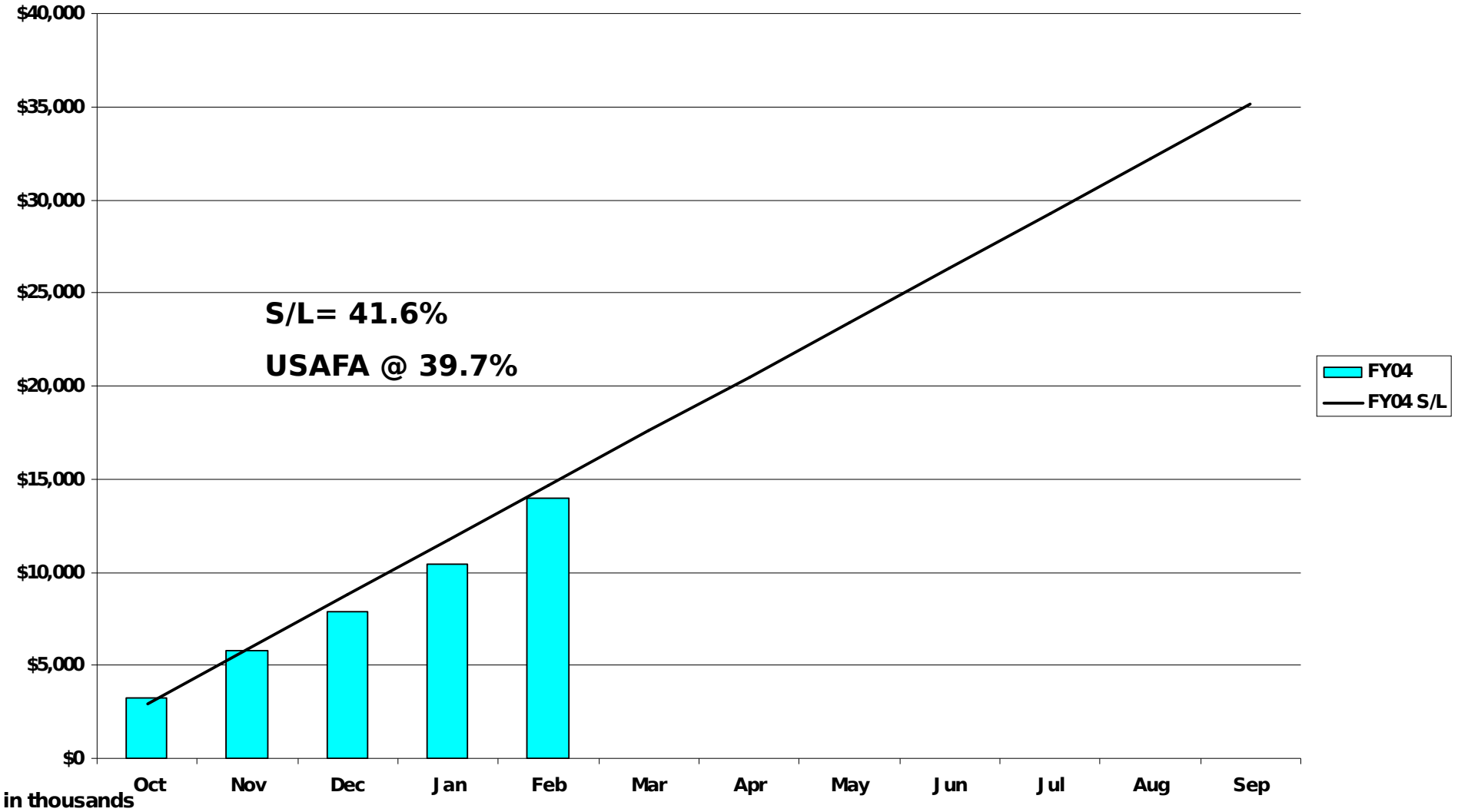
O&M USAFA



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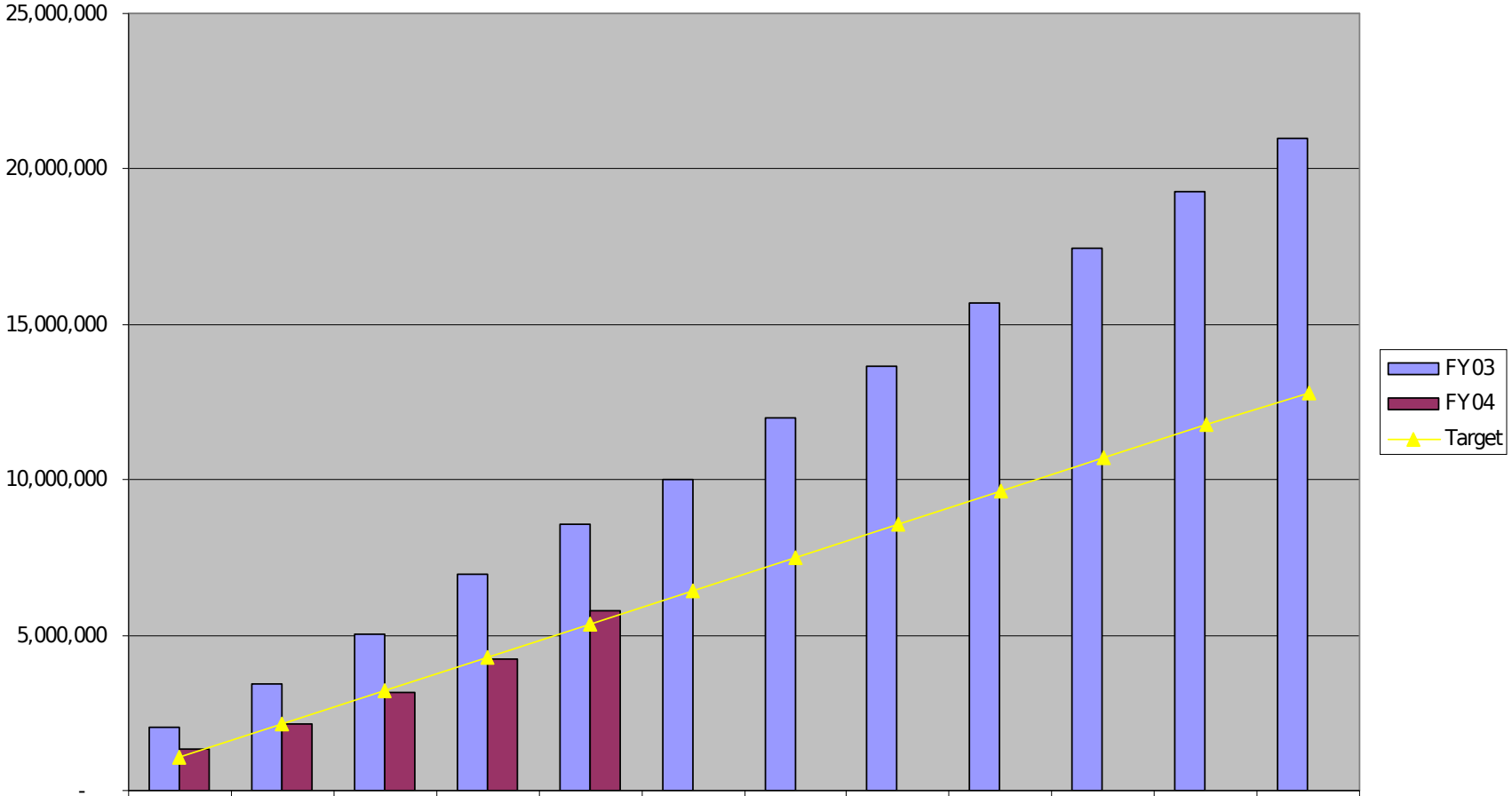
USAFA
FY04 Pharmacy Execution



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY03	2,033,432	3,409,495	5,018,265	6,947,395	8,575,038	9,984,667	11,990,472	13,628,671	15,680,805	17,436,900	19,255,698	20,962,747
FY04	1,320,456	2,161,941	3,136,403	4,228,801	5,766,100							
Target	1,068,417	2,136,833	3,205,250	4,273,667	5,342,083	6,410,500	7,478,917	8,547,333	9,615,750	10,684,167	11,752,583	12,821,000

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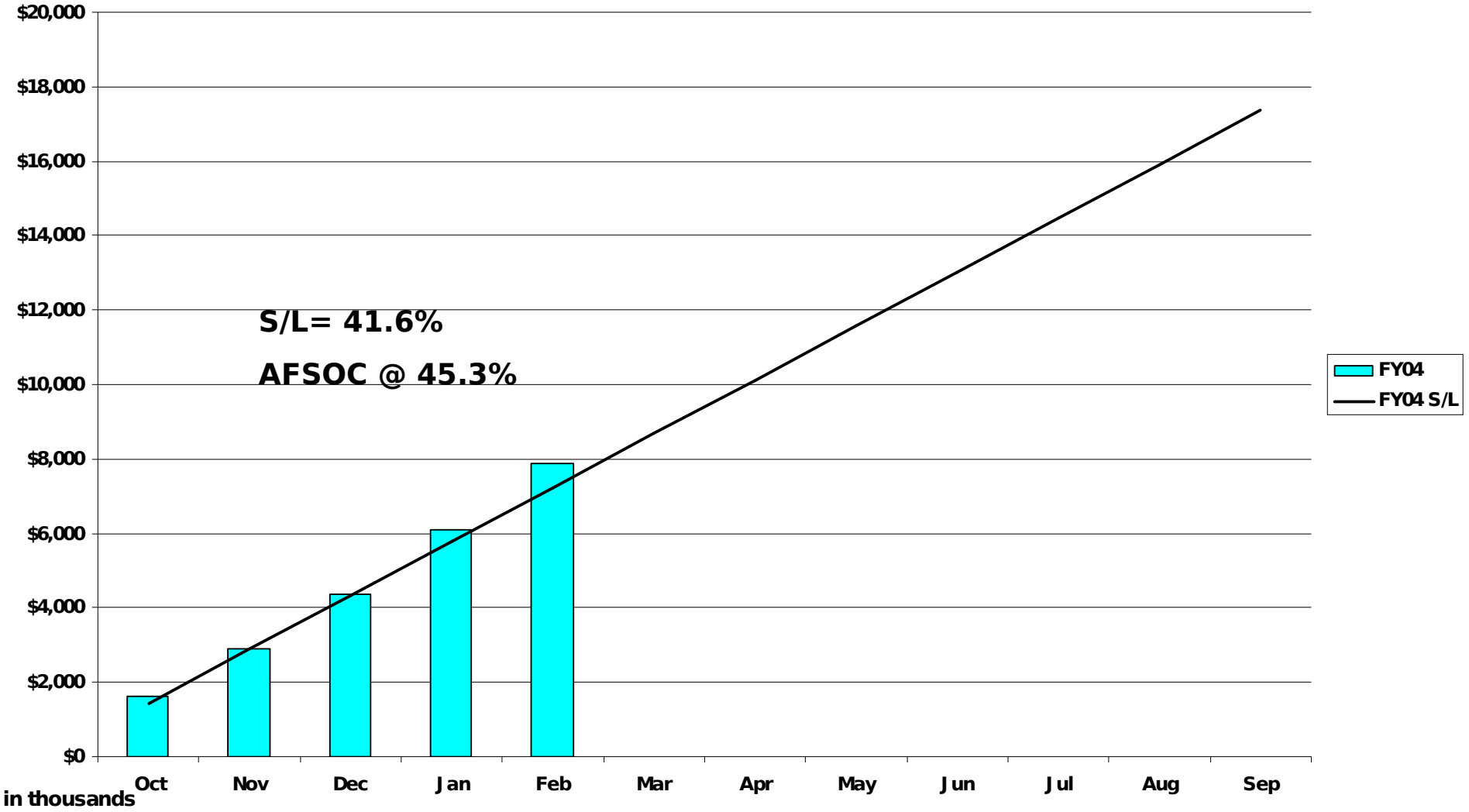
O&M AFSOC



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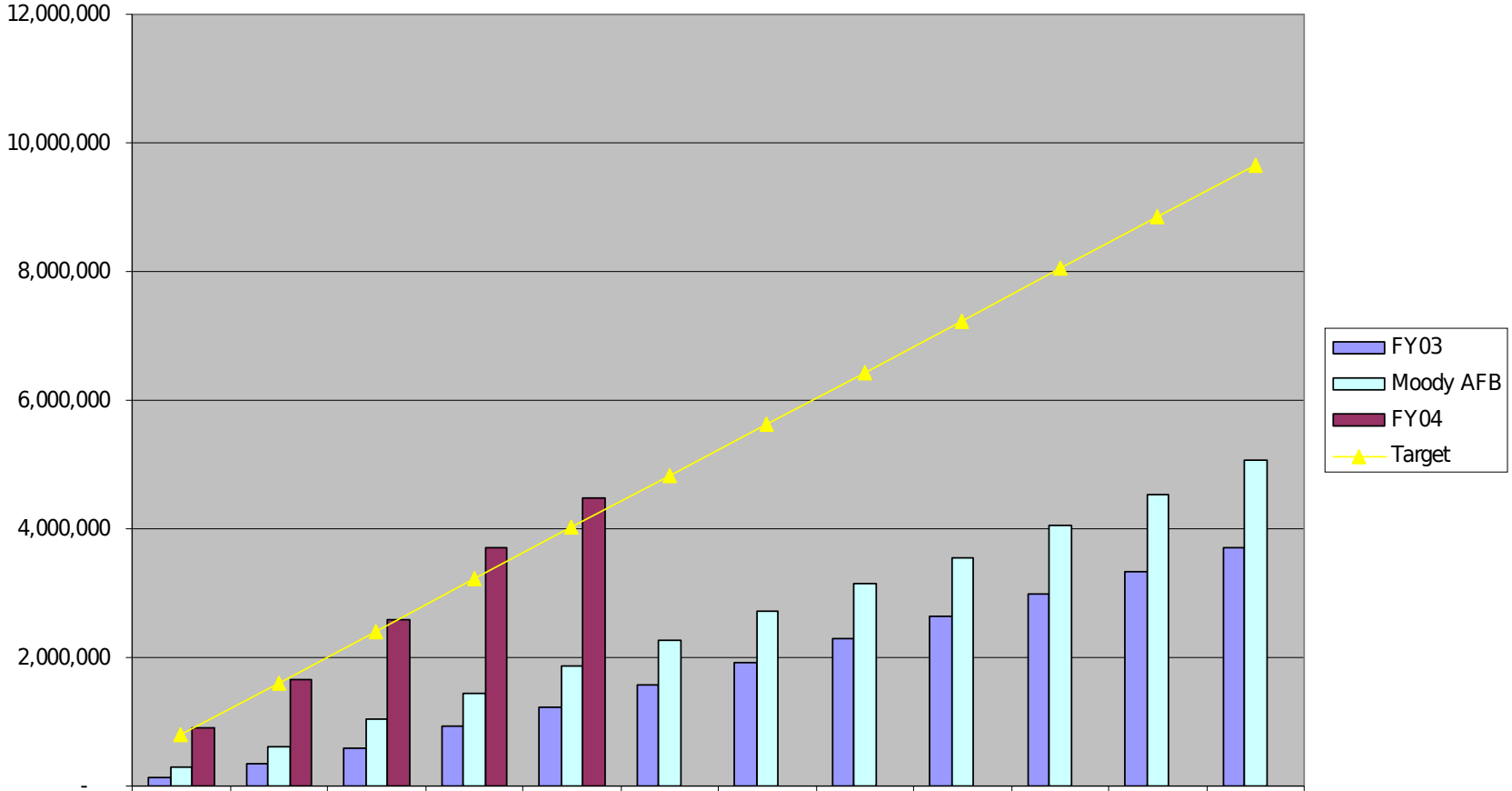
AFSOC
FY04 Pharmacy Execution



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY03	143,015	355,779	574,558	932,185	1,218,580	1,566,316	1,921,035	2,282,453	2,634,323	2,992,960	3,324,655	3,704,183
Moody AFB	298,377	612,890	1,040,052	1,437,701	1,866,683	2,272,143	2,715,745	3,149,750	3,547,798	4,049,375	4,540,639	5,060,907
FY04	916,476	1,658,845	2,593,549	3,701,182	4,467,191							
Target	804,083	1,608,167	2,412,250	3,216,333	4,020,417	4,824,500	5,628,583	6,432,667	7,236,750	8,040,833	8,844,917	9,649,000

O&M HQ AF/SG

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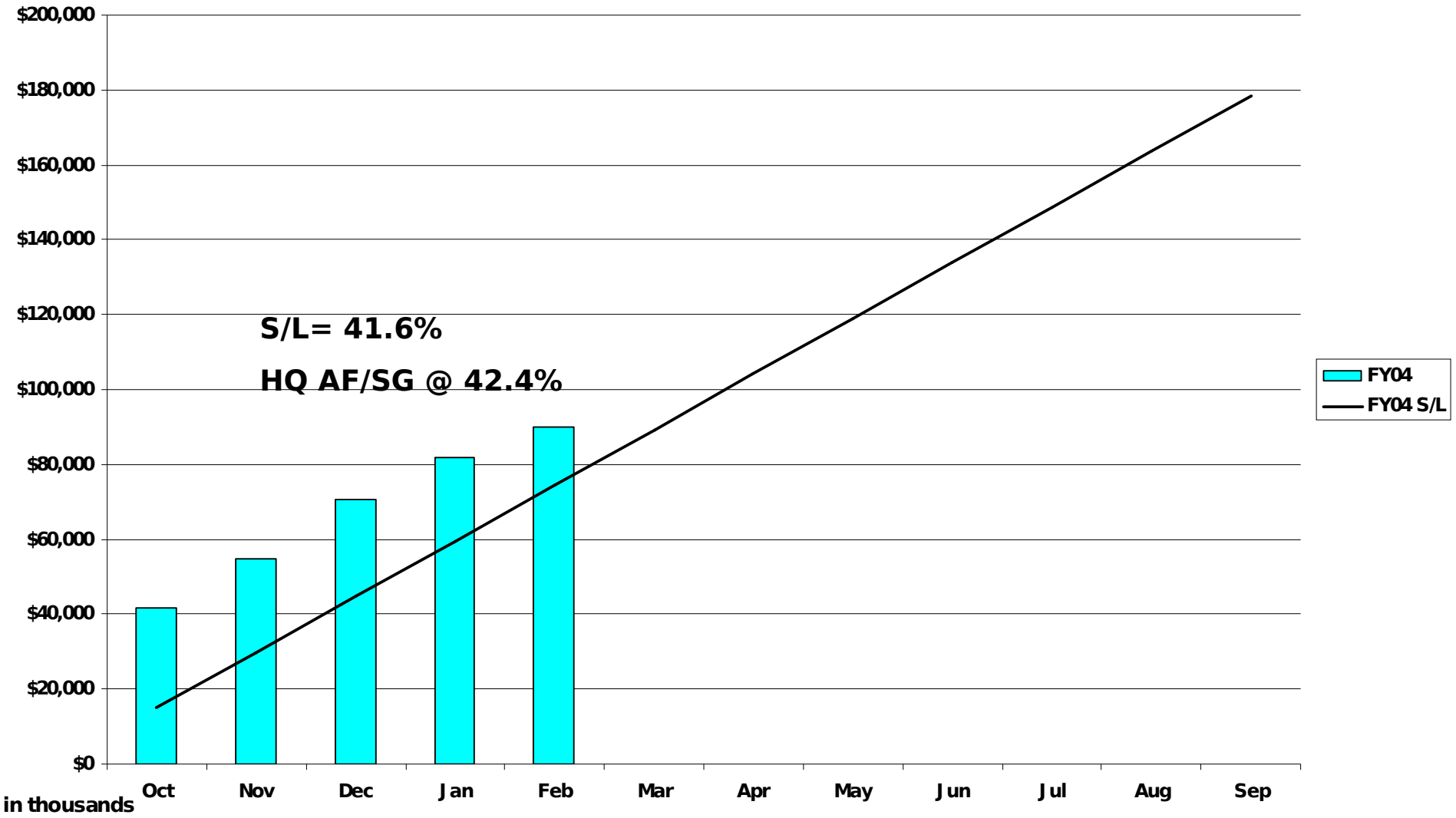

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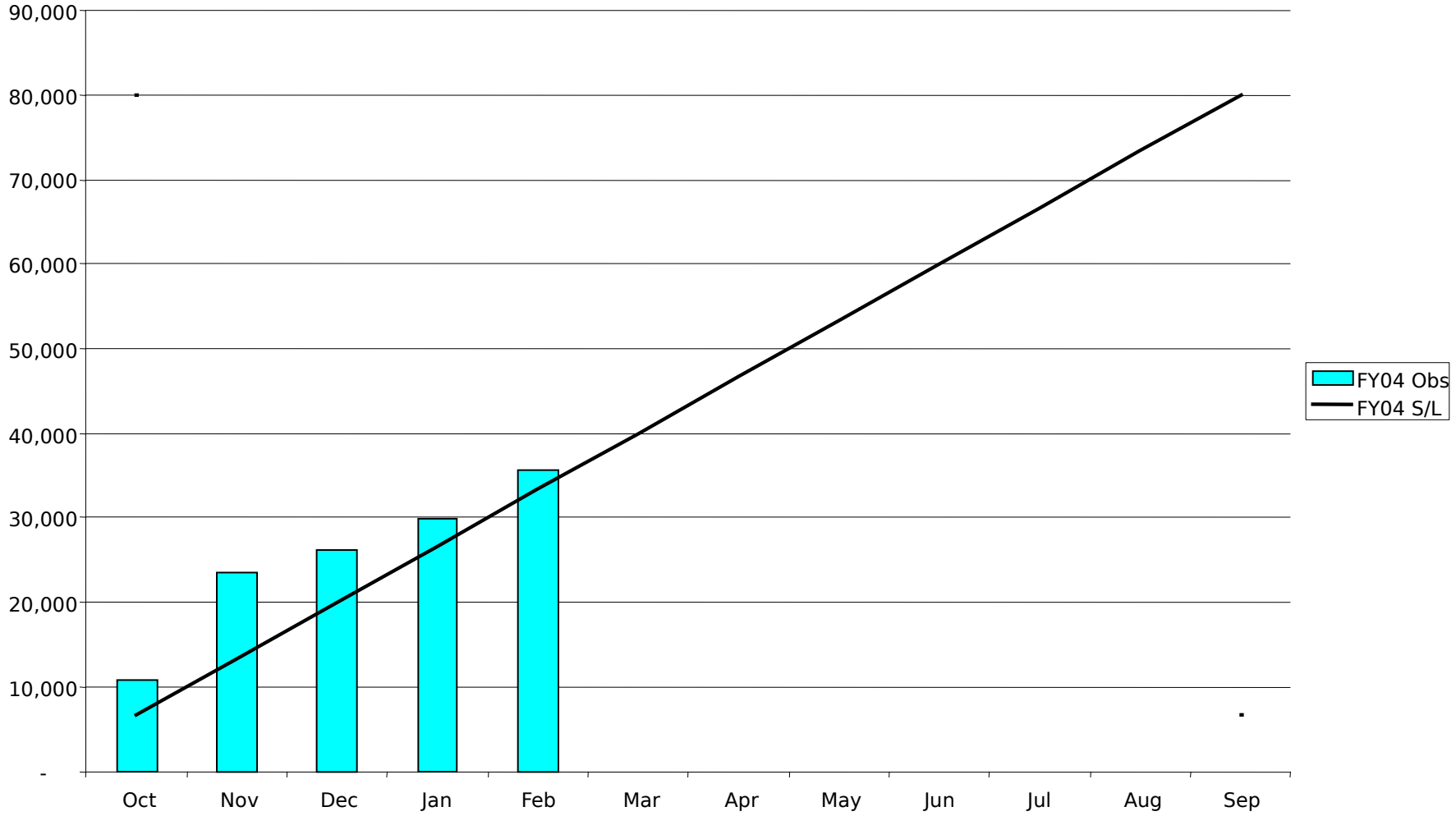
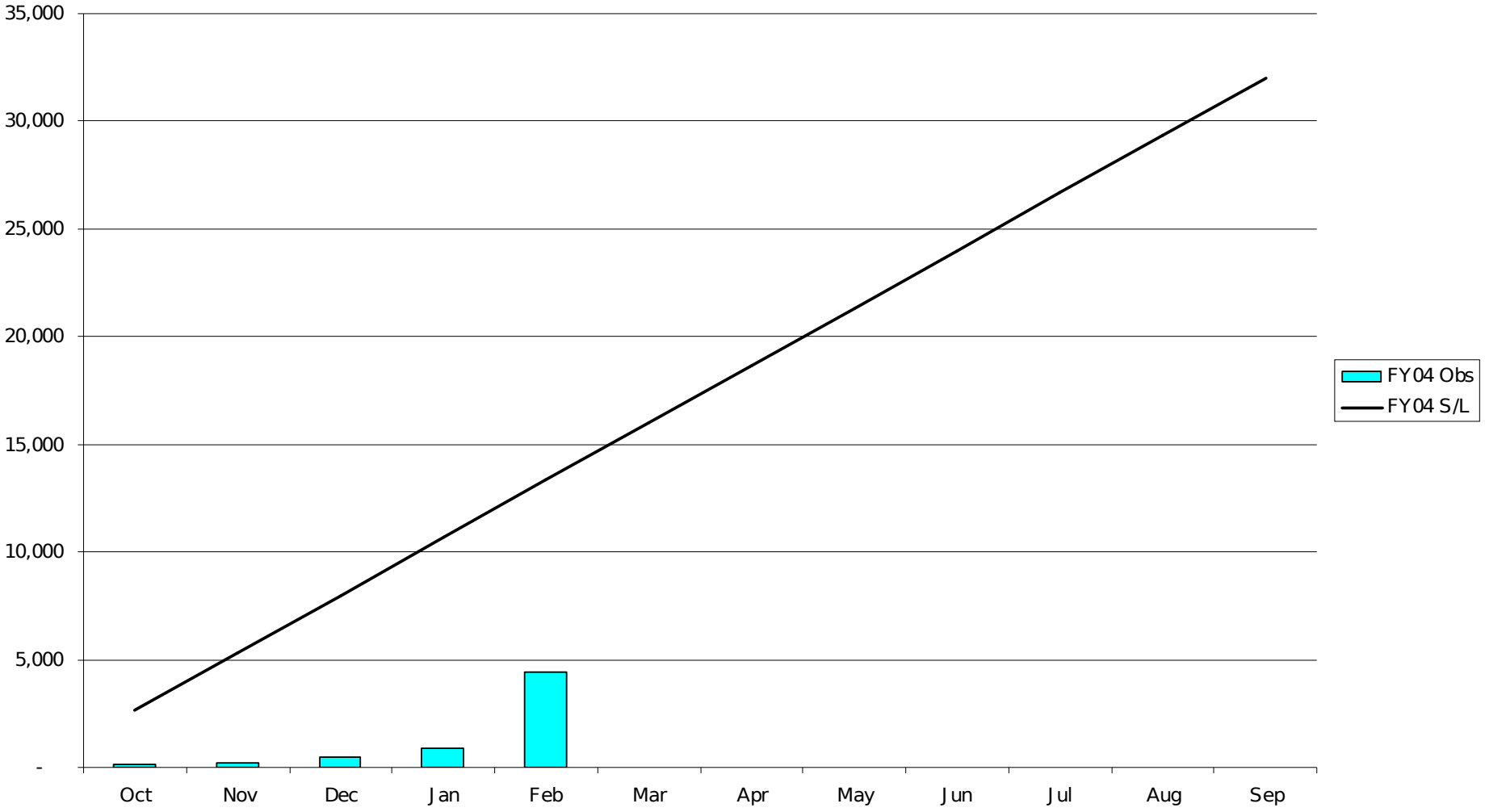
AFMS SR&M



AFMS Equipment

U.S. AIR FORCE



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FY04 O&M Withhold Status

- $7,734K Remaining in SR&M Emergency W/Hold
  - -$2,000K SRM W-P
  - - $87K Boiler WHMC
  - - $129K Maisey Bldg
  - - $50K Tinker

U.S. AIR FORCE

And the hits just keep on comin'…

- Hits to AFMS – Known and possible
  - 66M in 2X funds pulled in PBD 041R
    - Includes 43M in Opt/AMP
    - 23M in equipment/travel
  - 4M in SWA funds pulled in PBD 623
  - At Risk
    - Unobligated no-year SCO funds. Will know at Mid-year
    - At least 24M in GWOT funds
  - Any unknowns lurking……..?

Headquarters U.S. Air Force

Integrity - Service - Excellence

Force Development Major Budget Issues for FY05

February 2004

U.S. AIR FORCE

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Decision Needed for HPLRP

- Execution of FY04 program has impact on FY05 requirement
- Currently holding on execution of $5.5M targeted for 2 year agreements
  - Missing opportunity to retain 70 DC, 30 MC, and 32 BSC officers that will leave within 2 years
  - No advantage to offering 1 year agreement to providers with high debt load
- FY05 “must-pay” tail is currently $1.8M
- Execution of FY04 Multi-year agreements results in a $4.9M must-pay in FY05

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Health Professions Scholarship (HPSP) & Loan Repayment (LRP)

- **Option 1: [$15.3M] (a) Sustain HPSP, (b) fund HPLRP Must Pays, (c) fund DC/MC/NC & BSC LRP, (d) Optimize Dental HPSP**
  - **HPSP: Prevent requirement shortfalls; Primary MC/DC accession tool**
  - **LRP: Retain/access critical specialists with student debt load; ROI**
  - **Optimize DC HPSP to reduce LRP requirement in outyrs; greater ADO**
- **Option 2: [$13.8M] (a) Sustain HPSP, (b) fund HPLRP Must Pays, (c) fund DC/MC/NC & BSC LRP**
  - **HPSP: Prevent requirement shortfalls; Primary MC/DC accession tool**
  - **LRP: Retain/access critical specialists with student debt load; ROI**
- **Option 3: [$7.9M] (a) Sustain HPSP, (b) fund HPLRP Must Pays**
  - **HPSP: Prevent requirement shortfalls; Primary MC/DC accession tool**

FY05 HPSP and FAP Sustainment

BACKGROUND: Funds recruiting and retention of health care professionals in critically short AFSCs. Produces 75% of physicians and over 50% of dentists annually as well as other allied health disciplines. HPSP currently admits approximately 350 students annually. Annual tuition costs are outpacing inflation.

ADJUSTMENT: FY03 shortfall funded with one-time excess dollars from HPRLP, FY04 shortfall fully funded by $6.3M. Shortfall assumes 100% execution of $12M HPLRP in FY04. To maintain the current student load and to support the USAFSG FY04 recruiting goals, must pay for tuition inflation, currently 10%.

FUNDING ($M): PEC: 80722	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
CURRENT PROGRAM	31.96	36.029	37.831	39.723	41.709	43.795
ADJUSTMENT	6.3	6.057	8.464	11.201	14..307	17.822
REVISED PGM TOTAL	38.26	42.086	46.295	50.924	56.016	61.62

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08
Item 1						
Item 2						
	N/A					

MANPOWER	FY03	FY04	FY05	FY06	FY07	FY08
OFFICER	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0
CIVILIAN	0	0	0	0	0	0
CONTRACT	0	0	0	0	0	0

IMPACTS:

- Without this vital program, recruiting/retention will suffer and purchased care costs will be driven up.
- Full funding results in improved medical readiness by recruiting and retaining highly qualified healthcare professionals in designated deployment shortages.
- Without the $6.06M for FY05 and an inflation factor increase, NONE of the 350 FY05 USAFSG recruiting goals can be executed.

*Current Program increases 5%/annum. FY04 adjustment is for tuition only portion. ** Remaining years assumes FY04 is fully funded, uses nationally identified 10% inflation rate. *** Revised Program reflects published inflation index of10%. Assumes no increase in authorized scholarships.

POC: Maj Phillips, AETC

FY05 Health Professions Loan Repayment Program (HPLRP)

BACKGROUND:

CNA recommended HPLRP as a retention and accession tool. For MC & DC, CNA suggested tool as short term bridge until we can obtain the appropriation for discretionary pay increases ($14.3M) and until Dental HPSP Long term Initiative is approved.

ADJUSTMENT:

Funds in accordance with the AFMS intended program to support HPLRP through FY05 for critical AFSCs. Historically, NC, DC, & BSCs are primary HPLRP takers. Allows execution of $5M in FY04 for 2-year contracts.

FUNDING ($M):	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
CURRENT PROGRAM	12.0	1.8	0.0	0.0	0.0	0.0
ADJUSTMENT	0.0	5.9	6.7	9.3	9.7	7.7
REVISED PGM TOTAL	12.0	7.76.7		9.3	9.7	7.7

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08
Item 1						
Item 2						

MANPOWER	FY03	FY04	FY05	FY06	FY07	FY08
OFFICER	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0
CIVILIAN	0	0	0	0	0	0

IMPACTS:

- FY04/05 retain 73 DC, 30 MC, 32 BSCs & access 93 nurses. Cost savings from HPLRP: $26.5M/year
- For every HPLRP dollar spent, we avoid contract cost of $4.21/MC, $3.71/DC, $1.95 / BSC, and $1.24/ NC officer
- FY02/FY03 HPLRP bought more active duty obligation* for primarily NC, DC & BSC officers at cost saving ratio
- HPLRP supplements the special pay incentives while we seek appropriation to increase special pay rates
- If not funded, we could pay twice for lost health specialist: (a) for the PSC; and (b) for the MILPERs billet

POC: Major Luce

HPSP Dental –(addendum to existing program – AFIT only)

BACKGROUND:

HPSP is the primary pipeline for accessing dentists. The AF funds the fewest HPSP quotas and funds them for the least number of years. This has resulted in the AF having the lowest recruiting and retention of the 3 services and not being competitive in attracting quality applicants. AF recruiting quota is 150, other services is 20 each.

ADJUSTMENT:

This adjustment reflects a transition to ultimately offer 90 four yr quotas. In order to maintain the pipeline 2 and 3 yr quotas will remain but be weaned until 2009. Requesting 40 four yr quotas in 2005 to reach 90 in 2010. AFIT costs are contained on a separate UFR. Reserve and AFIT UFRs are linked-not mutually exclusive.

FUNDING ($M):	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
CURRENT PROGRAM	6.1M	6.7M	7.4M	8.1M	8.9M	9.8M
ADJUSTMENT	0.0M	1.1M	3.1M	5.0M	6.4M	7.8M
REVISED PGM TOTAL	6.1M	7.8M	10.5M	13.1M	15.3M	17.6M

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08
Item 1						
Item 2						
		Not Applicable				

MANPOWER	FY04	FY05	FY06	FY07	FY08	FY09
OFFICER	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0
CIVILIAN	0	0	0	0	0	0

IMPACTS:

-Increase will provide a sufficient number of dental officers to fulfill OSD/HA dental expeditionary requirement

- Proposal not designed to increase nor correct loss of dentists, but sustain a force capable of performing DCO

-- AF dental manning worst of services, During past 4 yrs 140 dental officers leave each yr, replaced by 100 drs

- Initiative provides longer ADSC and significantly lower student debt resulting in retaining experienced dentists

- Able to reduce or eliminate PSC costs (currently @ $24 M/yr); Accession Bonuses ($1.2M); HPLRP ($1.5M)

- Exit surveys of AF dental officers cite inability to pay dental school loans as major

U.S. AIR FORCE

Potential FD Panel Offsets

Program at Risk	FY05 Program $$M	Cumulative Value	Impact
TDY to School for Conferences and Symposia	8.618	8.618	Validating impact, but will reduce or eliminate conferences, symposia, and meetings in support of all Corps and functions
AFIT Short courses	2.988	11.516	No funding for CME short courses
Commodity scrub, TDY, Supplies, estimate	3.377	14.893	Impact unknown at this time, must pursue with the MAJCOM resource advisors
Col XXX TDY to San Diego	$$$	15.3	Look for Convulsions

U.S. AIR FORCE

Potential FD Panel Offsets

MAJCOM TAX ASSESSMENT

MAJ COM	FY04 E&T Budget ($M)	% of E&T $$	FY05 HPLRP Contribution ($M)
ACC	1,228	2.69%	$ 0.411
AETC	25,284	55.32%	$ 8.463
AFMC	16,098	35.22%	$ 5.389
AFSOC	185	0.40%	$ 0.062
AMC	1,446	3.16%	$ 0.484
PACAF	721	1.58%	$ 0.241
AFSPACE	179	0.39%	$ 0.060
USAFA	30	0.07%	$ 0.010
USAFE	483	1.06%	$ 0.162
HAF	54	0.12%	$ 0.018
Total	45,708	15.3	$ 15.300

Headquarters U.S. Air Force

Integrity - Service - Excellence

Aerospace Ops Panel

March 2004

U.S. AIR FORCE

Medical Group Commanders Orientation to Aerospace Medicine Course

USAFSAM/ATO FAC 5912

BACKGROUND:

AF/SG identified critical need to familiarize MDG/CCs with the non-MTF aspects of aerospace & operational medicine, informing them of the mission mandates specific to AM at their MTF, to establish accurate expectations of their own AM program so as to facilitate their accomplishment of those mission mandates

ADJUSTMENT:

Funds are to cover travel, supplies, and reproduction costs. Will require additional 0.5 FTE (officer) to develop, schedule, manage the course.

$M:

	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PRG	0	29K	58K	58K	58K	58K	58K	58K
ADJUSTMENT	29K	29K	0	0	0	0	0	0
REV PGM	29K	58K	58K	58K	58K	58K	58K	58K
TOTAL								

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
N/A	0	0	0	0	0	0	0	0

MPWR	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
OFF	0	0	1	1	1	1	1	1
ENL	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0

IMPACTS:

- REQUIREMENT: Requested by AF/SG
- Impact if not funded: Continuation of perceived lack of non-Team Aerospace MDG/CC's understanding of aerospace and operational medicine affecting the appropriate necessary support of USAF operational mission; increased understanding may also enhance relationships between Line leadership and AFMS
- Course to be held at USAFSAM, 2 times/yr, 10 training days each, max class size 15
- Addition of 1 FTE requested to conduct course as well as offset manpower needed to put on other SG requested courses which came with no additional manpower (Aerospace Medicine in Space Ops, Chief, Aeromedical Services & Flight Surg Symp, Advanced Clinical Concepts in AE, USUHS AM orientation, TAOS for flight docs)

Col B Hadley Reed, USAFSAM/ATT, DSN 240-2844
Date: 2/25/2004

Medical Group Commanders Orientation to Aerospace Medicine Course

ADJUSTMENT: **Funds are to cover travel, supplies, and reproduction costs. Will require additional 0.5 FTE (officer) to develop, schedule, manage the course.**

Funding Lines Total				$0.029	$0.058	$0.058	$0.058	$0.058	$0.058

PE	APPN	COST	Commodity	OAC	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
86761F	0130	2XX00	Student TDY	47		0.024	$0.048	$0.048	$0.048	$0.048
86761F	0130	2XX00	Speaker TDY	47		0.004	$0.008	$0.008	$0.008	$0.008

Procurement	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
	0	0	0	0	0	0	0

Coordination

Panel Chair:
Panel POC:

IPT Chief:
Program Element Mtr:

Database Manager:
ZBT Manager:

AF Occupational Safety And Health Data Stewardship and Consolidation to Support the Hazardous Material Information Resource System (HMIRS)

BACKGROUND:

Material Safety Data Sheet (MSDS) management system consolidation is underway to support the DoD directed HMIRS, improve customer access to hazmat information, resolve quality issues and ensure full integration with the FY04 fielding of AF Environment, Safety and Occupational Health (ESOH) Management Information System.

ADJUSTMENT:

To complete single location consolidation and ensure active management of MSDS records DHP money is needed to fund the occupational health related activities. Non-DHP resources will complete environmental aspects of project.

FUNDING ($M): PEC 87700	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008
CURRENT PROGRAM	0.0	0.0	0.0	0.0	0.0	
ADJUSTMENT	0.300	0.304	0.308	0.312	0.316	
REVISED PGM TOTAL	0.300	0.304	0.308	0.312	0.316	

0.0 0.0 0.320 0.320

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08
Item 1						
Item 2						

MANPOWER	FY03	FY04	FY05	FY06	FY07	FY08
OFFICER	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0
CIVILIAN	0	0	0	0	0	0
CONTRACTOR	2	2	2	2	2	2

IMPACTS:

- Brings the AFMS portion of the HMIRS system in compliance with DoD requirements, provide quality data to AFMS users
- Standardizes management of MSDS occupational health and environmental data related and ensures data quality
- Provide management for an automated link from HMIRS to download MSDS and value-added data to the ESOH-MIS
- Provide management for MSDS version control within the AF ESOH MIS (ACES EM and Command Core)

USAFE # 5 UFR... CHS (PEC 87705F)

BACKGROUND:

There is a large amount of guidance available for Chemical, Biological, Radiological, Nuclear sample collection. A standardized procedure for collecting and shipping samples in a home station (CONUS and OCONUS) and deployed locations is needed. The procedures need to be tailored to the type of analysis typically used by Air Force personnel at home stationed and while deployed.

JUSTIFICATION:

There is no current funding for this program. Projected FY03 cost for the contract is $0.250M

FUNDING ($M):	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008
CURRENT PROGRAM	0.0	0.0	0.0	0.0	0.0	0.0
ADJUSTMENT	0.250	0.0	0.0	0.0	0.0	0.0
REVISED PGM TOTAL	0.250	0.0	0.0	0.0	0.0	0.0

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08
Item 1						
Item 2						

If Applicable

MANPOWER	FY03	FY04	FY05	FY06	FY07	FY08
OFFICER	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0
CIVILIAN	0	0	0	0	0	0

If Applicable

IMPACTS:

- Project would provide one comprehensive guidance document for sample collection in support of health risk assessment for personnel potentially exposed to chemical, biological, radiological or nuclear hazards.
- If not funded, sampling errors could occur which would significantly affect the ability for personnel to perform a health risk assessment.

POC: Lt Col Peters and Mr Gro

Color Vision Testing Proposal

BACKGROUND: USAF color vision (cv) testing and issues were recently briefed to USAF/CV (Gen Moseley) by AFMSA. In the past, aircrew were tested only at entry and only for congenital red/green cv defects using PIP1. At his direction, all current aircrew will now be retested to identify how many cv defectives of any type are in the current force and to determine operational outcomes. This testing will involve PIP1 and PIP2 plate tests. All USAF bases should already have the PIP1 and the proper illuminant, but no USAF base currently possesses the PIP2 since it has not been required for local flight physical examinations. The PIP2 is needed to screen for acquired red/green and blue/yellow cv deficiencies.

ADJUSTMENT: Funding will provide one-time purchase of necessary testing equipment (PIP2) to conduct initial and future aircrew cv screenings. This is an AFMS central buy logistically supported by AFMC/HSW

$M:	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
CURRENT PRG	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ADJUSTMENT	0.0	0.030	0.0	0.0	0.0	0.0	0.0	0.0
REV PGM TOTAL	0.0	0.030	0.0	0.0	0.0	0.0	0.0	0.0

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
Widgets	0	200	0	0	0	0	0	0

MPWR	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
OFF	0	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0

IMPACTS:

-Air Force wide standardization by all MTFs and ANG/Reserve component units effected through upgrade of obsolete testing policy

-Use of color in modern operational environments and cockpits has changed dramatically.

-Current aircrew cv policy does not identify possible acquired processes that can affect normal cv. in current environments

-Testing required to identify conditions that may threaten personal health, flight safety, and mission accomplishment.

-The number of aircrew affected is expected to be low. However, those identified will be evaluated to rule out

Col David Rhodes, DSN 297-4199

DODMERB-IT Adjustment

BACKGROUND: Determine medical acceptability of applicants for appointment to United States Service Academy, the Uniformed Services University of the Health Sciences and the Reserve Officer Training Corps Programs of the United States Armed Forces.

ADJUSTMENT: **Due to a Health Affairs Initiative to pay for applicant remedial tests and evaluations, the DoDMERB computer system required extensive modifications to accurately track and monitor the remedial exams and costs. Requested additional funding is a result of part-time IT contractors currently working full-time to complete the required modifications so we can begin the HA Initiative the middle of April 04. Current FY04 part-time support funding will be depleted the end of March 04. This additional $75K will allow for part time support for the remainder of FY04.**

$M:	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
CURRENT PRG	6.5	6.6						
ADJUSTMENT	0.0	$75K						
REV PGM TOTAL	6.5	6.7						

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
Widgets	0	0	0	0	0	0	0	0

MPWR	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
OFF	5	5	5	5	5	5	5	5
ENL	15	15	15	15	15	15	15	15
CIV	24	24	24	24	24	24	24	24
CON	2	2	2	2	2	2	2	2

IMPACTS:
-Degradation of IT support to DoDMERB computer system/website
-Loss of IT expertise in specific applications related to the computer system modifications to include DoDMERB WebMaster

Kathy Rockefeller, GS-11, DoDMERB, DSN 333-3562, ext 237

U.S. AIR FORCE

Aeromedical Information Management Waiver Information Tracking System (AIMWITS)

- 100K FY 06 Requirement (50K unfunded)
- Web application maintained on SG DISA managed server farm in SATX
- Data feeds to/from other Aeromedical databases
- Integrated with SF 88/93 (link)
- Stable code base since 2001 – no major revisions
- $50K annual contract sustainment bill – DB admin and minor code patches/fixes/report or query changes
- No major changes/upgrades planned, programmed or envisioned
- Included in list of Key Aerospace Applications targeted for migration to Air Force Portal (SGROCC validated reqmt)
- No RAPIDS slide available (per POC)

WEB ESOH-MIS Program

BACKGROUND:

AF/SG's Occupational Health Database supporting peacetime and readiness mission (gas mask fit testing). Fully deployed via individual base servers. Migration to WEB through Environmental, Safety, and Occupational Health (ESOH) partnership formed with critical integration schedule. MOA between SG & CE established.

ADJUSTMENT:

Funds development, testing, and implementation to deploy OH portion of ESOH-MIS via fully integrated WEB solution, adds functional enhancements (GEOBASE/GEOREACH), inspection management tools, warehouse, and PDA support.

FUNDING ($M):	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
CURRENT PROGRAM	1.475	1.550	1.625	1.7	1.8	1.85
ADJUSTMENT	3.75	3.25	1.85	1.55	1.25	1.25
REVISED PGM TOTAL	5.3	4.9	3.55	3.35	3.1	3.1

PROCUREMENT	FY04	FY05	FY06	FY07	FY08	FY09
Item 1						
Item 2						

MANPOWER	FY04	FY05	FY06	FY07	FY08	FY09
OFFICER	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0
CIVILIAN	0	0	0	0	0	0

IMPACTS:

IPL: Y/N MAPPG: Y/N

-REQUIREMENT: AF/SG Command Core Policy, AFPD 90-8, SAF/IEE ESOH-MIS Strategy

- System sustainment, web migration, and enhancements fail, including interfaces to readiness systems.
- Unsupportable local database development, no program standardization, and lost medical data.
- WEB migration development ensures functioning HAMZAT licensing and health risk assessment function at all bases. Failure to migrate with CE community to ESOH system mean duplicative base operations.

POC: AFMSA/SGPE, Col Rusden, 202-767-4314

WEB ESOH-MIS Program

ADJUSTMENT: Use this block to describe the proposed adjustment. This block is limited to two lines (231 individual characters and spaces max), and is displayed in Decision Tracker report.

Funding Lines Total

PE	APPN	COST	Commodity	OAC	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
87724F	0130	409	TDY							
		462	Fed EX							
		553	Prof Ed/Tng							
		592	Misc Contracts							
		619	Other Supplies							

Procurement	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009

Coordination

Panel Chair:

Panel POC:

Database Manager:

IPT Chief:

Program Element Mtr:

ZBT Manager:

Initiative Title: Integrated WEB-BASED ESOH-MIS Program

POC (Organization/Name and Grade/DSN): AFMSA/SGPE / Col Rusden / 297-4314

Initiative Capability Gap	Key Performance Parameters
-**Develops fully integrated ESOH WEB-based, GCSS (global combat support system), geospatial information system using both keyboard and wireless PDA input/output capabilities.** - **Develop, test, and implement unique AF functionality in ESOH-MIS not developed by TMA's DOERHS.** - **Integrates and implementation of DOERHS-IH throughout the AFMS to include initial training and data migration.** **- Develops, test, and implements PDA data collection mechanisms to allow more efficient data collection.** -**Develops, test, and implements GEOBASE link to EOSH-MIS.** - **Establishes OH warehouse to allow enterprise risk analysis.** **AFMS Impact** **- OH data lost and relevance to readiness and mission support not relevant or available to the line.**	
Desired Capability (new or improved) and Concept of Operations	Potential Solution and Alternative Solutions
-**Integrated ESOH application to maximize data sharing and improve processes both internally among the EOSH functionals and the process owners.** -**Display information and management indicators using a common installation reference map** -**Capture data input using wireless PDA (or non wireless with cradle syncing) to eliminate data capture between paper to computer** -**Eliminate shop OH evaluation letters and manual followups through automated delivery and action resolution.** **Perform current level of service with 50% reduced OH manpower by 2010**	▪**Integrate SG's Command Core , CE's Automated CE System, SE's Safety Automation System, and HA's Defense Occupational Health and Environmental Readiness System (DOHERS) into an integrated EOSH MIS.** **Geospatially enable key data elements in ESOH MIS and map the data to the CE's GEOBASE common installation pictures at each base, i.e. a super MAPQUEST that displays information.**

U.S. AIR FORCE

MEFPAK Contract Support

BACKGROUND: AF/SGPX, as directed by AF/SG, is working with the MAJCOMs to consolidate MEFPAK responsibilities among the MAF, CAF and AFSOC. AFSOC/SG initially declined the addition of a contract position pending analysis of additional workload. Expanding MEFPAK responsibilities in the areas of development, planning, programming and modernization have far exceeded initial estimates. A full-time MEFPAK manager is required for UTC development/ maintenance as well as MEFPAK playbook creation. These comprehensive documents will include MISCAPS, CONOPS, doctrine, personnel, METLS, training plans, gap analysis, MNS, ORDs as well as other related information.

ADJUSTMENT: Fully fund one contract positions for AFSOC to facilitate the creation and maintenance of MEFPAK playbooks and to provide the SOF with manpower needed to execute the SG's vision for reengineering the MEFPAK role. FY04 reflects partial year funding.

FUNDING ($M): PEC	FY04	FY05	FY06	FY07	FY08	FY09
CURRENT PROGRAM	0	0	0	0	0	0
ADJUSTMENT	.025	.100	.103	.106	.109	.112
REVISED PGM TOTAL	.025	.100	.103	.106	.109	.112

PROCUREMENT	FY04	FY05	FY06	FY07	FY08	FY09
	0	0	0	0	0	0

MANPOWER	FY04	FY05	FY06	FY07	FY08	FY09
Contractor	1	1	1	1	1	1

IMPACT:

- Not funding this position will prevent AFSOC from accomplishing the AF/SG MEFPAK reengineering vision and may seriously delay implementation of critical SOF medical UTC modernization and development.
- Alternate source of funds from SOCOM was not successful.

OPR: AF/SGPX

Beryllium Air Sampling to Support Flight Test Center (F-22/A)

BACKGROUND:

This request is for the Air Force Institute of Operational Health (AFIOH) to conduct additional air sampling for beryllium (Be) as well as standardized an AF F-22/A Be air sampling plan.

ADJUSTMENT:

First time request from HQ AFMC/SGBE.

$M:	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
CURRENT PRG		0.0	0.0	0.0	0.0	0.0	0.0	0.0
ADJUSTMENT		.025	0.025	0.025	0.010	0.0	0.0	
REV PGM		.025	0.025	0.025	0.010	0.0	0.0	
TOTAL								

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
Widgets	0	0	0	0	0	0	0	0

MPWR	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
OFF	0	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0

IMPACTS:

IPL: /N MAPPG: N

- REQUIREMENT: AFOSH Standard 48-8, "*Controlling Exposures to Hazardous Materials***".**

- Berylium exposure noted by contractor in static setting – concern of exposure to mainterners in operational env

- Initial air samples accomplished at test ctr -- no exposure noted but limited operational environments analyzed.

- Now need centralized effort to evaluate exposures in oper'tl env & to establish procedures to prevent exposure

- Centralized development ensures consistent, expert, and complete analysis/guidelines

USAFE UFR… CHS (PEC 87705F)

BACKGROUND:

ESOHCAMPs. ESOHCAMPs will be directed by AFI in the near future. This will allow USAFE's to integrate environment, safety and occupational health into one program.

ADJUSTMENT: There is no current funding for this program. Projected FY04 cost for the contract is $0.08M

FUNDING ($M):	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
CURRENT PROGRAM	0.0	0.0	0.0	0.0	0.0	0.0
ADJUSTMENT	0.08	0.0	0.0	0.0	0.0	0.0
REVISED PGM TOTAL	0.08	0.08	0.08	0.08	0.08	0.08

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08
Item 1						
Item 2						

If Applicable

MANPOWER	FY03	FY04	FY05	FY06	FY07	FY08
OFFICER	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0
CIVILIAN	0	0	0	0	0	0

If Applicable

IMPACTS:

- **ESOHCAMPs will not be conducted if funding is not received.**

POC: Lt Col Marchioni and Maj

USAFE UFR... CHS (PEC 87705F)

BACKGROUND:

OCCUPATIONAL HEALTH SUPPORT TO GEOGRAPHICALLY SEPARATED UNITS (GSUs) IN THE UK. Currently, BE manpower at UK bases is minimal. Three locations (Croughton, Upwood and Fairford) do not have the resources to get required work done.

ADJUSTMENT: There is no current funding for this program. Projected FY04 cost for the contract is $0.150M

FUNDING ($M):	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
87TRE						
CURRENT PROGRAM	0.0	0.0	0.0	0.0	0.0	0.0
ADJUSTMENT	0.15	0.15	0.15	0.15	0.15	0.15
REVISED PGM TOTAL	0.15	0.15	0.15	0.15	0.15	0.15

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08
Item 1						
Item 2						

If Applicable

MANPOWER	FY03	FY04	FY05	FY06	FY07	FY08
OFFICER	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0
CIVILIAN	0	0	0	0	0	0

If Applicable

IMPACTS:

- **Without funding, we will be unable to accomplish required BE work at UK GSUs.**

POC: Lt Col Marchioni and Maj

Headquarters U.S. Air Force

Integrity - Service - Excellence

Dental Ops Panel

March 2004

U.S. AIR FORCE

KMC Endodontics Residency Program (YOE/Budget UFR)

BACKGROUND:

USAF/SGD approved new residency program to address problem of high quality applicants who cannot get civilian training. Two students to attend first year didactics/research at Louisiana State University and second year at 81st Medical Group supporting high need DoD eligible patient care. Students arrive KAFB Jun 04!

ADJUSTMENT:

No existing program at KMC, new start. LSU contract renewal plus supplies, equipment.

$M:	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PRG	0	0	0	0	0	0	0	0
ADJUSTMENT	.038	.040	0	0	0	0	0	0
REV PGM TOTAL	.038	.040	0	0	0	0	0	0

PROCUREMENT	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11

MPWR	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
OFF	0	2	2	2	2	2	2	2
ENL	0	3	3	3	3	3	3	3
CIV	0	0	0	0	0	0	0	0

IMPACTS:

REQUIREMENT: SGD & E&T-Panel approved program. Residents treat AD patients at a high need base. Addresses training (highly selective civ programs/limited spaces) & patient care issues. Civilian partnership.

-Addresses items needed to initiate the clinical portion of the residency. KAFB must be equipment/facility ready to accept residents Jun 04…2 already at LSU. Potential for jeopardizing ADA accreditation. Staff already moved in!!!

-- CRA/procurement delays/MERC testing/contract assembly time/systems integration (digital radiography)/

facility upgrade (wall modification to accept microscopes)

- Outyear dollars: LSU contract renewal, TDY for residency presentation/conferences, increased supply costs

Headquarters U.S. Air Force

Integrity - Service - Excellence

Force Development Major FY04 UFR(r)

March 2004

U.S. AIR FORCE

Overview of Top UFR

U.S. AIR FORCE

Rank	Program	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
1	HPSP with Dental Option	6.300	7.157	11.564	16.201	20.707	25.622	31.920	39.000
2	HPLRP		12.000	12.435	19.010	23.890	25.619	23.121	16.656
3	Graduate Ed tuition inflation	0.267	0.241	0.265	0.291	0.320	0.352	0.387	
4	AETC TDY to School	0.8							
5	Student Clinical Travel	0.075	0.075	0.075	0.075	0.075	0.075	0.075	
6	Food Safety Security Trai	.21			0.210			0.210	
7	Perinatal Nurse Course		0.026	0.026	0.026	0.026	0.026	0.026	
8	Grad Ed Allowance Increa	0.182	0.182	0.182	0.182	0.182	0.182	0.182	
9	Core Competency Tracking System	.05	0.200	0.200	0.200	0.200	0.200	0.200	
10	Advanced Distributed Lea	0.945	0.975	1.015	1.055	1.115			

1.HPSP funded fully for FY04, shortfall exists for FY05

3, 5. Yellow cells are "must pay" bills (Part of IFB program costs)

4. TDY To School is cutting quotas, hope to avoid this UFR

6. Food Safety is seeking funding in GWOT

8. Grad Ed. Book allowance modified for FY04

9. Core Competency Tracking awaiting Med Mod Funding

Category: UFR

GRADUATE EDUCATION TUITION INFLATION

BACKGROUND: The Integrated Forecast Board (IFB) selects officers for degree/fellowship and residency programs. AFIT funded/managed selections occur following the appropriate approval after each board adjourns. Types of degrees funded/institution offering the degree impacts budget estimates.*

ADJUSTMENT: FY04 Financial Plan guidance contained no provision for inflation in tuition programs. The 5% inflation factor for FY03 was insufficient. Current inflation is 10%. Adjustment required to sustain quotas.

FUNDING ($M): PEC 86761F	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
CURRENT PROGRAM	1.998	2.140	2.407	2.648	2.913	3.204	3.524	3.876
ADJUSTMENT	0.142	0.267	0.241	0.265	0.291	0.320	0.352	0.387
REVISED PGM TOTAL	2.140	2.407	2.648	2.913	3.204	3.524	3.876	4.263

IMPACTS:

- Unless an inflation factor is applied that is commensurate with the civilian community, an unfunded requirement will be perpetuated in successive FYs
- Without the $267K increase in FY04, it will be necessary to not start IFB selected officers for training
- The FY04 program represents the portion of the available funds to support execution exactly equal to FY03 expenses. It includes no factor for inflation. Adjustments were made to not inflate education allowance/equipment/supplies (calculated separately).
- *The American Association of State Colleges & Universities reported that average tuition increase for 2003-2004 is 12.5%.

POC: Major Susan Weeks, AFIT

AETC – TDY to School Program

BACKGROUND:

The AETC TDY-to-School program funds approximately 4,000 quotas annually for AFSC awarding training, supplemental training, and conferences/symposia. Travel and lodging costs continue to escalate. On 12 Dec 02, AF Board approved a $3/day billeting increase which effects TTS costs. Effective Oct 03, $1/day incidental expense plus-up.

ADJUSTMENT:

Adjustment provides sufficient baseline to fund current quota projections. Program was under funded last two fiscal years, but was able to meet requirements due to cancellation of quotas associated with 9/11 and the war on terrorism. Cost growth caused by increase billeting rate, airline tickets/fees, etc.

FUNDING ($M): PEC: 86722	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
CURRENT PROGRAM	7.509	7.449	7.569	7.690	7.813	7.938
ADJUSTMENT	.813	1.249	1.373	1.511	1.662	1.828
REVISED PGM TOTAL	8.322	8.698	8.942	9.200	9.474	9.766

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08
Item 1						
Item 2						
	N/A					

MANPOWER	FY03	FY04	FY05	FY06	FY07	FY08
OFFICER	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0
CIVILIAN	0	0	0	0	0	0
CONTRACT	0	0	0	0	0	0

IMPACTS:

- If funding is not increased, the number of funded quotas will be reduced. Conferences/symposia are least dear and would be looked at first for cancellation if funding is not allocated.
- Approximately 600 quotas from cancelled symposia in FY03 will not be funded in out years. Additionally, 400 existing quotas would be cancelled to cover inflation in out years.
- Must funds include AFSC awarding courses. The next dear programs are SEI awarding courses, followed by non-SEI awarding courses.
- Currently no new training initiatives can be started without additional funds or cutting other training.

POC: Maj Phillips, AETC

Funding: TFL

Category: UFR

AFIT-STUDENT CLINICAL TRAVEL

BACKGROUND: Changes in the civilian healthcare community (consolidations, service closures) drive a greater reliance on Training Affiliation Agreements for participating residents, fellows, and degree students in clinical based programs to meet their program and board requirements.

ADJUSTMENT: The total FY04 element of expense for travel encompasses the MED-PCE program, student clinical travel, staff mission travel, aviation human factors course, and mandatory AFIP course.

FUNDING ($K): PEC 86761	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
CURRENT PROGRAM	242.30	278.00	278.00	278.00	278.00	278.00	278.00	278.00
ADJUSTMENT	101.20	75.00	75.00	75.00	75.00	75.00	75.00	75.00
REVISED PGM TOTAL	343.50	353.00	353.00	353.00	353.00	353.00	353.00	353.00

IMPACTS:

- **Not funding this shortfall will drive a reduction in quotas available for the MED-PCE program (offset)**
- **Full funding allows students to complete program requirements**
- **Full funding improves medical readiness by ensuring that individuals requiring the provided training are able to complete training without jeopardizing other Air Force level programs**
- **AFIT submitted an FY03 UFR of $100K which was funded internally through under execution of the MED-PCE program**
- **NOTES: All data assumes no inflationary factors through FY10**

POC: Major Susan Weeks, AFIT

Funding: TFL

Category: UFR

GRADUATE EDUCATION ALLOWANCE INCREASE

BACKGROUND: Through an AU supported and AFIT/CC approved initiative, the book allowance for both AFIT in-residence and line of the Air Force Civilian Institution Programs officers was retroactively increased from $240 to $1200/FY enrollment in FY03. The medical officer graduate education book allowance was increased to $500.00/FY enrollment in FY03, but a disparity between line and medical officers exists.

ADJUSTMENT: Current funding is dependent on the number of degree programs approved at the IFB. To fund 261 at $1.2K, the annual requirement is $313K. The projected shortfall for FY04 is $183K.

FUNDING ($K): PEC 86761	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PROGRAM	130.00	313.00	313.00	313.00	313.00	313.00	313	313
ADJUSTMENT	183.00	0.00	0.00	0.00	0.00	0.00		
REVISED PGM TOTAL	313.00	313.00	313.00	313.00	313.00	313.00	313	313

IMPACTS:

•$183K provides equity in the programs. It is also important to note that medical officers enrolled in the AFIT in-residence program will be receiving a higher benefit than counterparts in civilian institutions.

•Full funding allows AFIT better ease in accounting through decreased transactions due to single payment/single allowance

Maj Susan Weeks, AFIT

Food Safety and Security Web Based Training

BACKGROUND:

Utilization of Food and Drug Administration (FDA) web based food safety and security training. The FDA web based training (Office of Regulatory Affairs University-ORAU) is conducted by EDUNEERING Inc. This pays for hosting fee and access for over 60 web based courses for three years.

ADJUSTMENT:

Federal Food Safety Coalition (FFSC) is standardizing certification process for all federal compliance inspectors Web based courses are required for this process. Funds are for 1,400 AD and ARC Public Health people.

$M:	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
CURRENT PRG	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ADJUSTMENT		.21	0.0	0.0	0.21	0.0	0.0	0.21
REV PGM TOTAL		.21	0.0	0.0	.21	0.0	0.0	.21

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
	0	0	0	0	0	0	0	0

MPWR	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
OFF	0	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0

IMPACTS:

IPL: Y/N MAPPG: N

- REQUIREMENT: Utilizes established FDA web based training for 1,000 AD (officers and enlisted) and 400 ARC Public Health inspectors. Aligns and standardizes training with all other Federal Compliance Inspectors
-Brings USAF training into alignment with all Federal Food Safety Agencies (FDA, USDA, US Army, etc).
-Augments current USAF training – raises competency level for USAF Public Health deploying personnel
-ORAU web based training is one component of FDA/USDA standardization and certification
-Training will preclude need for TDY expenses for food security training saving over $1.6 million for the same 1,400 personnel requiring training (average cost per student TDY is $1,200)—portions can be used to augment IDMT and Flight Surgeon training for deployments where food safety/security is required

CMSgt Jeffrey Strout, SGOP, DSN 297-5424

Core Competency Tracking System

BACKGROUND:

NDAA '01 requires MTF Commanders/CDs, Lead Agents, and their senior staff members to attain the 40 medical core competencies at their prescribed level prior to assumption of duties. The Secretary of the military dept concerned must submit a certification to the SecDef that such individuals have completed this training. Currently, the AFMS does not have a tracking system to do this, as mandated, and no funds have been allocated.

ADJUSTMENT:

A contract to develop a database tracking system is warranted. Requires maintenance of the database as well as a civilian contractor to verify/input data manually into the system.

$M:	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
CURRENT PRG	0	0	.2	.2	.2	.2	.2	.2
ADJUSTMENT		.5	0	0	0	0	0	0
REV PGM TOTAL		.5	.2	.2	.2	.2	.2	.2

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
Widgets	0	0	0	0	0	0	0	0

MPWR	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
OFF	0	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0	0
CIV	0	1	1	1	1	1	1	1
K	0	1	1	1	1	1	1	1
R	0	0	0	0	0	0	0	0

IMPACTS:

IPL: Y/N MAPPG: Y/N

- REQUIREMENT: State in numbers/dollars/percent and reference. Congressional mandate stated in '92/'96/'01
- Will provide a means to document core competency attainment at the prescribed level (knowledge/app/expert)
- Will meet Congressional mandate to verify/certify that our commanders/lead agents/mg care coord are competent
- Will provide accurate assessment of training deficiencies as well as strengths; key aspect of Force Development
- High interest item for Dr. Winkenwerder as we currently lack a process to validate whether executives have achieved the required competencies (possible gap in healthcare executive training)
- Goal: Meet Congressional intent and develop a framework for documenting competency attainment through formal education and job experiences

Maj Jill Scheckel, DSN 736-6960

Headquarters U.S. Air Force

Integrity - Service - Excellence

Med Ops Panel

March 2004

U.S. AIR FORCE

SGZF, AF Suicide Prevention Program (AFSPP)

BACKGROUND: AFSPP (AFPAM 44-160) belongs to the AF/CC with the AF/SG as the OPR. There is no discretionary fund to respond to taskers from AF/CC or AF CAIB. We have fortunately been able to anticipate AF needs but such luck will not always occur and some provision for short notice funds should be developed. We have had numerous taskers by AF/CV, AF/SG, and AF/CC over the past 7 years and funds are always difficult to obtain.

ADJUSTMENT: Program currently funded on an "as needed" basis through UFRs The UFR process is not flexible enough for the short notice taskings given. Request 15K for TDYs associated with training; 50K for reproductions, training Leaders Guide, and CAMS; and 145K for short suspense projects and just in time training directed by AF/CAIB, AF/CC, or AF/SG regarding Suicide Prevention.

$M	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
CURRENT PRG	0	0.00	0.210	0.218	0.226	0.234	0.242	0.0250
ADJUSTMENT		0.210	0.008	0.008	0.008	0.008	0.008	0.008
REV PGM TOTAL		0.210	0.218	0.226	0.234	0.242	0.250	0.258

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10

MPWR	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
OFF	0	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0
K	0	.0	0	0	0	0	0	0
R	0	0	0	0	0	0	0	0

IMPACTS:

REQUIREMENT: AFSPP is described by AFPAM 44-160 and suicide prevention programs are mandated by DoDD and by AFI 44-154. The AFSPP has been described as "the" model for the country. President Bush's 2003 New Freedom Commission on Mental Health identified AFSPP as national model (03), AFSPP Website won Silver Medal for Public Service (03), AFSPP Chief nominated for national public service award (03), Health and Human Services identified AFSPP as Best Practice (02), US Surgeon General identified AFSPP as model for National Suicide Prevention Strategy (01). Again, the SG is judged by the success of our program and the truth is we have been lucky to anticipate projects of the CAIB and budget for them before they recognize the need for a product or initiative. Such clairvoyance cannot be expected to continue indefinitely.

Lt Col Talbott, DSN 240-6771

AFCHIPS-BDQAS Hardware/Software (HW/SW) Budget

BACKGROUND: AFCHIPS-BDQAS are not automated information systems, but are important information management services providing data processing, analysis, and reporting for several AFMS and DoD customers. The data maintained are used by epidemiologists, biostatisticians, and other analysts from several organizations.

ADJUSTMENT:

1X - $229K received FY03 for HW/SW updates/refreshes due to increases in data processing tasks. Yearly sustainment and adjustments for hardware/software refresh and significant system upgrade deployment in FY06.

$M:	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
CURRENT PRG	0	0	0.139	0.125	0.475	0.125	0.125	0.125
ADJUSTMENT	0	0.139	(0.014)	0.350	(0.350)	0.00	0.00	0.00
REV PGM TOTAL	0	0.139	0.125	0.475	0.125	0.125	0.125	0.125

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10

MPWR	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
OFF	0	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0
K	0	.0	0	0	0	0	0	0
R	0	0	0	0	0	0	0	0

IMPACTS:

REQUIREMENT: AFMS services for clinical data processing and analysis, meeting several HA/DOD/SG mandates

BDQAS is only biometric data analysis service for the AFMS – equivalent to PASBA-ARMY and NMIC-NAVY

Directly supports data integration for ASIMS (AFCITA, PIMR– data interchange with AFRC RCPHA system on PHA/IMR

Directly supports AFMOA, AFMSA, AFIOH, USAFSAM customers at Brooks City Base for data collection and analysis functions

Directly supports analytical services for AFMS HEDIS measures, IMR, Anthrax, and Smallpox enterprise reporting programs

Compromise BDQAS-AFCHIPS funding would negatively impact data flows to numerous AFMS projects

SGOM/Cardiac Rehabilitation Education Program

BACKGROUND:

Develops, maintains, and evaluates state of the art patient education programs and websites that support AFMS healthcare optimization and the new DoD/VA Clinical Practice Guidelines. Demand from MTFs for CEMM tools has increased 600% in the past 10 months. Baseline calculations based solely on FY03 resulted in a 48% reduction in executable dollars for FY04. Current funding will be exhausted by mid June and lead to loss of contractor support for future projects.

ADJUSTMENT:

Production of the Chronic Heart Failure of the cardiovascular series is underway. The module on post heart attack rehabilitation and lifestyle can be completed simultaneously for half the cost of development after the current program is completed.

$M:

	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PRG	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ADJUSTMENT	0.175	0.0	0.0	0.0	0.0	0.0	0.0	0.0
REV PGM TOTAL	0.175	0.0	0.0	0.0	0.0	0.0	0.0	0.0

PROCUREMENT	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11

MPWR	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
OFF	0	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0

IMPACTS:

IPL: N/A MAPPG: N/A

REQUIREMENT: USAF/SG chartered to provide state-of-the-art patient education tools for the AFMS

-The estimated cost of CHD in the AFMS population is over 100 million dollars per year.

-25% of male and 38% of female heart attack survivors will die within one year, usually from a 2d heart attack.

-Patient education is a mandatory component of healthcare optimization; utilization of CEMM tools allows for the delivery of provider level education outside of the clinical visit freeing providers for direct patient care

-The development cost per post cardiac event patient receiving this program is

Notional Option (Template)

ADJUSTMENT:

Funding Lines Total

PE	APPN	COST	Commodity	OAC	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
87724	592	592	transfer	43G6	.175	0.0	0.0	0.0	0.0	0.0	

Procurement	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010

Coordination

Panel Chair:
Panel POC:

IPT Chief:
Program Element Mtr:

Database Manager:
ZBT Manager:

- 409 -
- 480 -
- 531 -
- 592 - $175K
  - Initial Fixed Media Replication - $23K
  - Program Development - $137K
  - Web Conversion - $11K
  - Web Card Deployment - $4K
- 609 -
- 619 -

Special Needs Coordinators (SNC) Training/World Disabilities Congress

BACKGROUND:

DoD required program with major changes in FY 03; implemented without consistent MTF oversight, lacks
standardization, and potentially degrades continuity of care for 17,000 AF beneficiaries. No annual training in
over 15 years. Training could prevent significant loss in man hours, medical resources, funding and quality of life.

ADJUSTMENT:

Fund Special Needs Coordinators training requirements (travel, per diem, and registration) for 79 training slots to support continuity of care, DoDIs 1342.12 and 1315.dd, and the Individuals with Disabilities Education Act.

$M:	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
CURRENT PRG	0	0.00	0.140	0.170	0.200	0.230	0.260	0.290
ADJUSTMENT		0.140	0.030	0.030	0.030	0.030	0.030	0.030
REV PGM TOTAL		0.140	0.170	0.200	0.230	0.260	0.290	0.320

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10

MPWR	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
OFF	0	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0
K	0	.0	0	0	0	0	0	0
R	0	0	0	0	0	0	0	0

IMPACTS:

- CVA required mentoring program for 17,000 Special Needs families; 79 SNCs need training on model program
- CVA required ways to address educational system grievances; SNCs need training to collect data/address issues
- Standardized training is absent for guidance implementing clearance processes and AF database management
- All AD members traveling OCONUS with families are affected: 4,595 officers/37,852 enlisted now OS with families
- Family Advocacy Program no longer covers this program, congressionally fenced resources cannot be used

Lt Col Tallcott, DSN 240-6771

Integrated Delivery System Community Assessment Tool (IDS-CAT)

BACKGROUND:

One of the 11 components of the AF Suicide Prevention Program has been a unit level assessment. The Behavioral Health Survey was originally designed for that purpose The IDS-CAT is a new unit based assessment tool being developed for use by the IDS on behalf of the AF CAIB.

ADJUSTMENT:

Approximately 300K has been spent on the development of the IDS-CAT and the RAPID for this year is for a .5 FTC contract position to manage this web-based tool for the AF.

$M:	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
CURRENT PRG	0.000	0.000	0.075	0.075	0.080	0.085	0.090	0.095
ADJUSTMENT	0.000	0.075	0.000	0.005	0.005	0.005	0.005	0.005
REV PGM	0.000	0.075	0.075	0.080	0.085	0.090	0.095	0.100
TOTAL								

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10

MPWR	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
OFF	0	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0
K	0	0	0	0	0	0	0	0
R	0	0	0	0	0	0	0	0

IMPACTS:

REQUIREMENT: The use of a unit based assessment tool measuring the health of the unit is a critical component of the AF Suicide Prevention Program (AFPAM 44-160). The development of the IDS-CAT was approved by the AF CAIB and supported by the AF/SG. This is the third year in the development phase and monies requested now are for management of this web-based assessment tool only. The development costs have already been paid.

Col Wayne Talcott DSN 240-6771

Date: January 2004

Behavioral Health Optimization Project (BHOP)

BACKGROUND:

50 percent of AF primary care (PC) clinics now have integrated behavior health (BH), increasing access and range of services. Brief specialized clinical training is essential for BH providers prior to working in PC due to unique nature of PC work. Eleven AF training sites exist to prepare providers to integrate additional PC clinics.

ADJUSTMENT:

TDY funds are required to train 40 providers as BH consultants in PC and to establish 4 new training sites; funds also needed for contracts in support of implementation of a depression pathway for integrated PC.

$M:	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PRG	0.000	0.100	0.100	0.104	0.108	0.112	0.116	0.120
ADJUSTMENT	0.100	.0	0.004	0.004	0.004	0.004	0.004	0.004
REV PGM	0.100	0.100	0.104	0.108	0.112	0.116	0.120	0.124
TOTAL								

PROCUREMENT	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
None								

MPWR	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
OFF	0	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0
K	0	0	0	0	0	0	0	0
R	0	0	0	0	0	0	0	0

IMPACTS:

REQUIREMENT: BHOP expansion to remaining 50% of MTFs cannot proceed without ongoing TDY training funds

- Existing BHOP clinics will be lost when untrained providers PCS to MTFs with integrated behavioral
- Without funding to replace AF trainers who PCS, will need to return to contract trainer at higher cost
- BH impacts AF mission: 13.7% of ADAF seen for BH issues in CY01; 25% of these were for depression.
- 30,000 depression cases diagnosed at AF MTFs in CY01; data shows 79% of cases in the MHS are undetected

Col Talcott DSN 240-8771

Headquarters U.S. Air Force

Integrity - Service - Excellence

Medical Modernization Panel Unfunded Priority List

As of 19 Mar 04

U.S. AIR FORCE

Medical Modernization Panel
FY04 Unfunded Priority List

U.S. AIR FORCE

O&M

	FY04	FY05	FY06
1 AFMS Integrated Clinical Database	2,400	1,500	2,400
2 Requirements and Portfolio Mgmt	738	738	783
3 IM/IT Measurement and Analysis	613	1,434	1,586
4 AFMS Enterprise Architecture	560	560	750
TOTAL:	**4,311**	**4,232**	**5,519**

(figures are in $000s)

ICDB-AF Program Spt (P)

BACKGROUND:

Provides mgmt, engineering, admin & materiel covering full spectrum of life-cycle management supporting initiative to integrate clinical systems into a single, coherent view at the point of care, helping realize AF goal to provide seamlessly integrated, decision-quality info.

ADJUSTMENT:

Change from O&M to RDT&E appropriation.

$M 06A1I270BY	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PRG	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
ADJUSTMENT	2.400	1.500	2.400	2.472	2.546	2.622	2.701	2.782
REV PGM TOTAL	2.400	1.500	2.400	2.472	2.546	2.622	2.701	2.782

PROCUREMENT	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
Upgrade Releases	2	2	2	2	2	2	2	2
Maintenance Releases	4	4	4	4	4	4	4	4

MPWR	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
OFF	1	1	1	1	1	1	1	1
ENL	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0

IMPACTS: IPL: N; MAPPG: Y; SGROCC: Y

- Unable to sustain, maintain and support AFMS MTFs
- Unable to provide for staff/user education and training per CONOPS/FUG
- Removes the need for clinicians to seek independent systems an perform multiple logins to get actionable info
- Extends the reach of existing AFMS systems (Pop Health, AFCITA and PIMR) to entire PCO Team
- Access to local data mitigates proliferating local databases and enables sharing of MTF-developed tools
- Supports Force Health Protection with real time data for surveillance systems

Reqmts and Portfolio Mgmt

BACKGROUND:

Provides AFMS IM/IT with the capability to manage the IM/IT capital investment process, and manage IT investments through a capital investment portfolio management process servicing both current and new AF medical systems.

ADJUSTMENT:

Contract support staff to support the functions described in background and avoid impacts described below.

$M 06A1I138AY	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PRG	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
ADJUSTMENT	0.738	0.738	0.783	0.806	0.831	0.856	0.881	0.908
REV PGM TOTAL	0.738	0.738	0.783	0.806	0.831	0.856	0.881	0.908

PROCUREMENT	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11

MPWR	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
OFF	0	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0

IMPACTS: IPL: N; MAPPG: Y; SGROCC: N

- Perform full scope of portfolio management mission/functions
- Better integration of MHS/AFMS investments (overlapping initiatives) and alignment w/ bus. objectives
- Formal economic analysis of IT sustainment life-cycle costs, ROI, aligmt, & approval
- Perform full scope of portfolio management mission/functions
- Integration of MHS/AFMS investments (overlapping initiatives) and alignment w/ bus. objectives
- Formal economic analysis of IT life-cycle costs, ROI, aligmt, & approval

LTC Kras/SGSI/DSN761-6192

IM/IT Measurement & Analysis

BACKGROUND: Program provides analysis support. FY 02 Total Cost of Ownership analysis identified the need for the AFMS to implement a service/help desk and asset management technology to increase efficiency in our MTFs and have a comprehensive information about what assets we have, where they are located, how well they are working, how much they cost, and how effectively they are supporting our business. [0=1; E=0; C=3; K=1].

ADJUSTMENT: Procurement of IT Service/Help Desk and Asset Management System, licenses, hardware, software, training, and 3-yr support and maintenance

$M:	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PRG	0.050	0.050	0.050	0.050	0.050	0.050	0.050	0.050
ADJUSTMENT	0.613	1.434	1.586	1.799	1.138	1.035	0.811	0.811
REV PGM TOTAL	0.663	1.484	1.636	1.849	1.188	1.085	0.861	0.861

	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
S/W ACQUISITION	15	15	15	15	0	0	0	0
H/W ACQUISITION	3 Svrs	6 Svrs		6 Svrs		6 Svrs	3 Svrs	6 Svrs
MAINTENANCE		6 Svrs	6 Svrs					
	3-yr	3-yr	3-yr		3-yr	3-yr	3-yr	3-yr

MPWR	FY 04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
OFF	0	0	0	0	0	0	0	0
EN	0	0	0	0	0	0	0	0
L								
CIV	0	0	0	0	0	0	0	0

IMPACTS:

- Absence of a single integrated view of central and local IT procurements
- Impacts compliance with SECAF, CSAF directive & AF-CIO mandated TCO implementation
- Reduce compliance with 31 Jan 03, AFSG mandate for increased IT asset visibility
- Reduce compliance with Clinger-Cohen Act mandate for better insight into IT acquisition life cycle decisions
- No baseline or standardized process for identifying and managing rising costs of IT expenditures
- Inability to provide critical data needed to optimize business process reengineering
- Little to no data to support business case analysis and financial impact of IT project decisions

Maj Martinez AF/SGRIP DSN 761-6114
Date: 28 October 2003

Enterprise Architecture

BACKGROUND:

Provides funds for contract labor to support standardization of infrastructure, data quality, interfaces and applications. When in place used to support AFMS business goals and objectives and ensure alignment with AF and MHS architecture.

ADJUSTMENT:

Funds cost of contract labor support for: Information Systems Planner/Engineer (1); Systems Designer/Engineer (Architecture) (3 FTEs functionally aligned to directorates); Funds contract hours for program development/CONOPS, work/project plan (50K in FY03).

$M 06A1I140AY

	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PRG	0.050	0.050	0.050	0.050	0.050	0.050	0.050	0.050
ADJUSTMENT	0.510	0.510	0.700	0.723	0.746	0.770	0.794	0.819
REV PGM TOTAL	0.560	0.560	0.750	0.773	0.796	0.820	0.844	0.869

PROCUREMENT	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11

MPWR	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
OFF	0	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0
K	3	3	3	3	3	3	3	3

IMPACTS: IPL: N; MAPPG: Y; SGROCC: N

- Provide liaison with external EA fns; Coordinate and implement actions of others
- Represent AFMS at EA forums w/ better sight picture & follow-on actions ability
- Required architectural products for all functional areas can't be produced w/o technical skill sets
- Cannot provide assistance in business objectives/process mapping for re-engineering
- Cannot guide standardization of infrastructure and interfaces w/o engineering/technical skill sets
- Cannot accurately perform verify and validate architecture from other sources

LTC Kras/SGSI/DSN761-6192

Medical Modernization Panel
FY04 Unfunded Priority List

U.S. AIR FORCE

DHP Other Procurement

	FY04	FY05	FY06
1 MSIM	2,800	8,200	9,800
2 Telephony	4,900	10,500	8,200
3 PACS	7,500	8,000	0
TOTAL:	**15,200**	**26,700**	**18,000**

Priorities determined by IPT value scoring analysis input

(figures are in $000s)

Medical Systems Infrastructure Modernization (MSIM) Program

BACKGROUND:

Provides for the materiel (cable and electronics) and labor to install Local Area Network Infrastructure to AFMS facilities. Includes initial outfitting for Military Construction projects.

ADJUSTMENT:

Required to address shortfalls in the FY04 program based on sites prioritized, designed, and scheduled in anticipation of required upgrades to support dependencies (CHCS II, PACS, Telephony and other mission drivers)

FUNDING (Total):

	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
	FY10	FY11				
CURRENT PROGRAM	$ 13.2	$ 14.9	$ 17.7	$ 18.0	$ 14.9	$ 15.2	$ 15.5	$ 15.7
ADJUSTMENT	*$ 2.8*	*$ 8.2*	*$ 9.8*	*$ 9.6*	*$ 8.5*	*$ 8.2*	*$ 8.0*	*$ 7.8*
REVISED PGM TOTAL	**$ 16.0**	**$ 23.0**	**$ 27.5**	**$ 27.5**	**$ 23.5**	**$ 23.5**	**$ 23.5**	**$ 23.5**

Line Items	FY04 FY10	FY05 FY11	FY06	FY07	FY08	FY09
Electronics Upgrade	10.4	6.8	14.4	9.6	13.3	
Cable Infrast. Upgrade	11.3	1162	10.0			
MILCON Init Outfit.	5.6	12.4	13.1	11.4	6	6
	10.8	16.5				
	1.5	1.5	1.5	1.5	1.5	1.5
	1.5	1.5				

MANPOWER	FY04 FY10	FY05	FY06	FY07	FY08	FY09
OFFICER						
ENLISTED						
CIVILIAN						
CONTRACTOR						

IMPACTS:

- Cannot sustain required network cable infrastructure refresh cycle (10 years) without adjustment
- Cannot sustain required network electronics refresh cycle at rate based on life-expectancy (4 years) without adjustment
-Cannot support the procurement of electronics for the MILCONs for affecting “Beneficial Occupancy Date”
- Failure to sustain infrastructure will increase the number of network failures and interrupt healthcare delivery

Telephony Upgrade & Modernization (TELMOD)

BACKGROUND:

Unfunded Program to address MTFs, GAO, IGCE identified telephony #1 patient complaint to access and method to make appointment. MTF Call abandonment rate 22-36 % (civilian <2%). Appointing: make or break service for day to day MTF business; entry point to product lines. Upgrades required to position MTFs for success under T-NEX.

ADJUSTMENT:

Needed to fulfill prioritized program requirements for FY04 based on TNEX implementation schedule. Purchase telephony equipment and contractors: Automated Call Distribution hardware, switches, telephones, sustainment, and engineers

$M 04A1P101AY

	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PRG	$ 1.1	$ -	$ -	$ -	$ -	$ -	$ -	$ -
ADJUSTMENT	*$ 4.9*	*$ 10.5*	*$ 8.2*	*$ 8.2*	*$ 8.2*	*$ 4.7*	*$ 4.7*	*$ 4.7*
REV PGM	**$ 6.1**	**$ 10.5**	**$ 8.2**	**$ 8.2**	**$ 8.2**	**$ 4.7**	**$ 4.7**	**$ 4.7**
TOTAL								

PROCUREMENT	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09
ACD/Switch	4	10	9	13	10	12	14	6
Upgrade pkg	4	8	8	13	4	12	14	14
Phones pkg	4	8	6	9	10	10	9	6

MPWR	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09
OFF	0	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0
Contract	3	4	6	6	6	6	6	4

IMPACTS:

- Every MTF prioritized by standardized, modular, upgradeable capabilities package
- Vital to meet MHS telephone access standards; improve patients' ease of making appointments by phone
- If not funded: Continued patient frustration with telephone appointing; no standardized MHS telephony metrics; impaired access to the Direct Care system; risk loss of enrollees to network, increased PSC costs

AFMS PACS / Tele-radiology Program

BACKGROUND:

Radiologist staffing is expected to reach 50% in CY05. To complement AFMSA's digitization initiative (wet film to digital), AMC/SG sponsored an IPT that developed a comprehensive plan for AFMS Diagnostic Imaging (DI).

ADJUSTMENT: Required to address known shortfalls in this program in YoE that will support ability to attain FOC

FUNDING ($M):

	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
PEC	$ 7.0	$ 8.0	$ 10.0	$ 8.0	$ 8.0	$ 8.0	$ 8.0	$ 8.0
CURRENT PRG ADJUSTMENT	*$ 7.5*	*$ 8.0*	*$ -*	*$ (1.2)*	*$ (8.0)*	*$ (8.0)*	*$ (8.0)*	*$ (8.0)*
REV PGM TOTAL	**$ 14.5**	**$ 16.0**	**$ 10.0**	**$ 6.8**	**$ -**	**$ -**	**$ -**	**$ -**

MANPOWER	FY04	FY05	FY06	FY07	FY08	FY09
OFFICER						
ENLISTED						
CIVILIAN						

IMPACTS:

- Execution of PACS/Teleradiology initiatives is absolutely vital to the survival of AFMS radiology services.
- PACS/TR will prevent radiology workload at 48 MTFs from being sent on the local economy or from hiring on-site contract radiologists to support each MTF losing radiologists (possible 40 radiologists @ $300K each).

Headquarters U.S. Air Force

Integrity - Service - Excellence

Medical Support Panel Unfunded Priority List

As of 18 Mar 04

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Medical Support Panel
FY04 Unfunded Priority List

		FY04	FY05	FY06
1.	MUSSTR – White House Med Unit (Jul 04)	150	150	150
2.	VA/DOD Sharing Contractors (Jun 04)	182	707	314
3.	Market Area/Business Plan Support	960	1,000	1,070
4.	Centralized Billings and Operations	300	0	0
5.	Outpatient Med Record Availability	320	130	130
6.	Coding Front End Solution	7,100	6,850	6,650
7.	Inpatient Professional Services Coding	600	1,200	1,240
8.	HIPAA Privacy/Security Consultants (Sep 04)	2,560	2,600	2,640
9.	Digital Imaging Program Mgt Office	850	1,000	1,000
10.	T-Nex Engine Room Support Contract	300	300	0
11.	USAFA Multi-Service Market Office	333	483	483
* 12.	VTC Equipment & Additional VTC Tech	334	199	211
13.	Contract for MEPRS Support	500	500	500
14.	Ambulance/Ambus Lease	1,300	1,300	1,300
		15,789	16,419	15,688

(date) = Contract Expiration Date

* Recommend Use of "SG Go Do" Fund

(figures are in $000s)

U.S. AIR FORCE

SRM & Med Equipment Shortfall

- **In the FY04 Initial Distribution:**
  - **SRM was decremented $49.143M**
  - **Medical Equipment (O&M) was decremented $83.6M**
- **Both Were Used as AFMS Bill-Payers**
- **Significant Impact on Both These Programs (RAPIDS attached)**
- **Pay-Back to These Programs Should be Considered in the FY04 UFR Process**

RAPIDS

Medical Unit Scheduling, Survey, Tools and Reports (MUSSTR)

BACKGROUND: MUSSTR is the backbone information system for White House Medical Unit operations and is currently configured on 40 workstations where it is accessed by all WHMU personnel. Continued sustainment is requested from the Air Force. [O=0, A=0, C=0, K=1]

ADJUSTMENT:
Maintain current contract labor to ensure continued technical support of application for end user.

FUNDING ($M):	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008
CURRENT PROGRAM	.15	0	0	0	0	0
ADJUSTMENT	0	.15	.15	.15	.15	.15
REVISED PGM TOTAL	.15	.15	.15	.15	.15	.15

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08

MANPOWER	FY02	FY03	FY04	FY05	FY06	FY07	FY08
OFFICER	0	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0	0
CIVILIAN							
CONTRACT	1	1	1	1	1	1	1

IMPACTS:
- Unable to guarantee support for system used in medical emergency action planning for President and Vice President
- Unable to effectively and efficiently track and update duty schedules for personnel assigned to White House Med Unit
- Unable to effectively and efficiently track and update surveys for over 750 medical facilities throughout the world
- Unable to effectively and efficiently track and update overflight reports prepared for Presidential travel aboard AF-1
- Unable to effectively and efficiently track and update critical staff information including

VA/DoD Sharing Contractor

BACKGROUND:

Presidential Task Force (PTF) to Improve Health Care Delivery for Our Nation's Veterans created to identify ways to improve health care delivery to VA and DoD beneficiaries through better coordination and improved business practices. Final report submitted in May 03. VA/DoD Sharing high emphasis item with Congress/DoD.

ADJUSTMENT:

Contract for 1 VA/DoD Sharing contractor initiated in May 03; funding available through Jun 04. Additional funding required to complete 04 and hire 2 additional contractors in 05. 1 Off and 1 Civ requested 06 and on.

$M 03A1P201AY	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08
CURRENT PRG	0.0	0.00	0.067	.133	0.0	0.0	0.0	0.0
ADJUSTMENT				.182	0.707	0.314	0.335	0.358
REV PGM				0.315	0.707	0.314	0.335	0.358
TOTAL								

PROCUREMENT	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08

MPWR	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08
OFF	0	0	0	0	0	1	1	1
ENL	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	1	1	1
Contractor	0	1	1	3	1	1	1	

IMPACTS:

- Review/implement PTF's recommendations for improving coordination and business practices
- Health Executive Committee (co-chaired by ASD/HA) preparation for AF/SG
- Identify Sharing opportunities and interface/manage AF/SG's inputs to VA's CARES process
- Implement and manage AF/SG's Quarterly Data Call for DoD/VA Sharing Agreements
- Build, update & manage AF/SG's VA/DoD Sharing Database
- Prepare and provide inputs for Annual Report to Congress on VA/DoD Sharing
- Write and maintain AFI on VA/DoD Sharing; write and manage AF/SG's policy creation for DoD/VA Sharing

AFMS Market Area/Business Plan Support

BACKGROUND:

Information support – Next market analysis is critical to maintaining the best value balanc direct care and purchased care for MTF enrollees. MTF Market Ma relative to their progress towards enrollment, workload targets a expertise, software and hardware to produce and distribute inform Market Area Management.

ADJUSTMENT:

None New Program Support

$M03R1Z401YN	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PRG	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ADJUSTMENT	.96	1.00	1.07	1.10	1.20	1.24	1.28	1.31
REV PGM TOTAL	.96	1.00	1.07	1.10	1.20	1.24	1.28	1.31

PROCUREMENT	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08
SOFTWARE	0	0	0	.02	.02	.03	.02	.02
HARDWARE	0	0	0	.02	.02	.03	.01	.02
TRAVEL	0	0	0	.01	.01	.01	.01	.01
CONFERENCE SUPPORT	0	0	0	.04	.04	.04	.04	.04

MPWR	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08
OFF	0	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0
CON	0	0	0	5	5	4	4	4
OTH	0	0	0	0	0	0	0	0

IMPACTS

- Proactive Financial Modeling: Provide forecasting and modeling of user defined scenarios
- Performance Monitoring: MTF and Corporate performance Management as well as effici analysis relative to how well the facility is performing to the level of resources
- Education and Training: Provide both understanding of how the program works and what is required t ensure the highest possible financial and quality of care o
- Impact of Unfunded: Inability to monitor performance relative to AFMS Net performance contracts. Inability to synergize and analyze relationship between enrollment, workload, staffing and finances. Risk in loss of millions in transfer payments to other services or MCSC.

Revenue Cycle Improvement Plan – Centralized Billings and Operations

BACKGROUND:

Currently MTFs are billing under Outpatient Itemized Billing (TPC, MSA, and MAC) either individually or through a half dozen hub and spoke operations. The intent is to centralize operation under one office. In order to do this, SGSR would like to contract SOW and process development through a sole source contract.

ADJUSTMENT:

This is one-time requirement. SGSR would like Bearingpoint (KPMG)

$M:	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
CURRENT PRG	11.5	11.5	0.0	0.0	0.0	0.0	0.0	0.0
ADJUSTMENT		0.3	0.0	0.0	0.0	0.0	0.0	0.0
REV PGM TOTAL		11.8	0.0	0.0	0.0	0.0	0.0	0.0

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
Widgets	1	2	3	3	3	3	0	0

MPWR	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
OFF	0	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0
K	0	0	0	0	0	0	0	0
R	0	0	0	0	0	0	0	0

IMPACTS:

IPL: N MAPPG: N

-REQUIREMENT: $300K DODD 6010.15, MTF Uniformed Business Office (UBO) Manual, ASD/HA Memo for Improving Medical Records Documentation and Coding

-With the front-end solution and a centralized operation, FY04 collections are expected to be $13M over FY02 and for FY05, 30.6M over FY02

-If approved and implemented, UBO compliance fixed...one way of doing business, not 74

Outpatient Medical Record Availability (SGZI-04-20)

BACKGROUND: This initiative creates a new capability to centrally pull, organize, synthesize, and present actionable outpatient records availability information specific to every MTF in the AFMS. This initiative will provide state-of-the-art data analysis services to MTFs with little or no dedicated analytical expertise and will eliminate the laborious requirement of manually tracking records availability done today. This initiative directly supports efforts to help improve our medical records availability and accountability process per DoD and AFMS policy/goals (cited below).

ADJUSTMENT:

No adjustment - New support for existing

$M: SGZI-04-	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09
CURRENT PRG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ADJUSTMENT			0.32	0.13	0.13	0.13	0.13	0.13
REV PGM			0.32	0.13	0.13	0.13	0.13	0.13
TOTAL								

PROCUREME	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09
Equipment / Supplies	NT 0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.00

MPWR	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09
OF	0	0	0	0	0	0	0	0
EN	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0
CON	0	0	1.5	.5	.5	.5	.5	.5
OTH	0	0	0	0	0	0	0	0

IMPACTS:

IPL: Y/N MAPPG: Y/N

- New AFI 41-210 drives MTFs need for analytical support to enable proper management and execution of new policy
- Mandate from DoD to establish better custody and control; AFMS has no way of centrally measuring compliance with DoD/AFMS policy on tracking and availability of medical records in individual MTFs
- Reported AFMS records availability rate is substandard (below 90% goal) as indicated by 18 month HSI inspection data review
- Directly correlates with AFMS Concept Document challenge 4.7: In-Garrison and Expeditionary Healthcare Demands. MTF staff have new AFI 41-210 requirements to track and account for medical records IAW aggressive DoD policy. MTF staff have limited time/ability/expertise to retrieve complex CHCS ad hocs and synthesize/present actionable results.
- Source policy/directives: DODI 6040.40, Data Quality Control Program (section on what they call record

CODING FRONT END SOLUTION

BACKGROUND:

3M external audits currently identify ambulatory coding accuracy at 50-60%; inpatient accuracy unknown.

To optimize coding within AFMS, purchase of annually-updated coding references, expansion of external coding audits, targeted post-audit training, and automated collection/reporting system (CARS) are required.

ADJUSTMENT:

FY02 EOY funded FY03 3M contract & references. FY04 funds references/CARS; FY05 funds expanded external outpt/inpt audits in Peer 3, 4,& 5; FY06 adds Peer 1 , 2; FY07 out sustains references/CARS

$M:	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PRG	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ADJUSTMENT	7.1	6.85	6.65	6.85	7.06	7.27	7.49	7.71
REV PGM TOTAL	7.1	6.85	6.65	6.85	7.06	7.27	7.49	7.71

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
Audit/TrngContract	3.2	0	4.6	2.0	0	0	0	0
CARS Contract	0.0	0.2	0.05	0.05	0.05	0.05	0.05	0.05
References Contract	0.3	0.3	0.25	0.25	0.25	0.25	0.25	0.25

MPWR	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
OFF	0	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0
K	0	0	0	0	0	0	0	0
R	0	0	0	0	0	0	0	0

IMPACTS:

IPL: N MAPPG: N

- **REQUIREMENT: OSD(HA) memo dated 20 Aug 03 established external coding audits and standards**
- **UFR responds to 100% coding accuracy requirement with 3-year phased-in approach and sustainment**
- **CARS=Coding Audit Review System; web-based internal audit collection tool, automatically tallies reports**
- **Complete and accurate coding will directly contribute to projected increase in TPC of $30.6M in FY05**
- **Failure to fund results in non-compliance with OSD(HA) directives for accurate coding in MHS**

Lt Col Jon Haggerty, SGQZ, DSN 240-4774

Inpatient Professional Services Coding

BACKGROUND:

The Service SGs and ASD/HA directed all MTFs to revise their current inpatient coding to match industry-standard coding practices. As of 31 Dec 03, all MTFs are supposed to capture both institutional charges (currently being done) and professional services (new). This initiative was an unfunded mandate from TMA.

ADJUSTMENT:

Costs associated with acquiring additional coders to support inpatient coding at Air Force MTFs. Requesting submission as a FY 04 UFR, and inclusion into FY06 POM build.

$M 04A1P301AE	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PRG	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ADJUSTMENT	0.6	1.20	1.24	1.27	1.31	1.35	1.39	1.43
REV PGM TOTAL	0.6	1.20	1.24	1.27	1.31	1.35	1.39	1.43

PROCUREMENT	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09

MPWR	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
OFF	0	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0	0
CIV	8	16	16	16	16	16	16	16

IMPACTS:

- Fulfills TMA and Service SG mandated initiative
- Aligns MHS with industry-standard coding practices
- Provides full visibility of inpatient workload to support future clinical and business decisions
- Provides accurate measure of provider productivity to match MEPRS data
- Potential for increased third-party reimbursements
- AFMS Requirement of 8 coders in standup year (FY04), and 16 coders in out years
- coder rate calculated based on $75K per FTE

HIPAA Privacy/Security Consultant

BACKGROUND:

HIPAA requires each MTF to have Privacy Officer (PO); numerous write-ups on HSI/JCAHO. HIPAA has huge impact on Patient Admin. TMA rescinded POM after funding FY02 and partial FY03: $2.5M-bought MAJCOM & some MTF consultants; ACC/AFSPC FY02 fall-out bought POs at 15+ MTFs

ADJUSTMENT:

Provide contractor HIPAA Consultant for large MTFs and MAJCOM based consultants which would cover smaller MTFs by circuit rider—FY04 increase to cover cost of FY03 underfund

$M, 03A1P201AY	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08
CURRENT PRG	0.0	2.50	1.60	0.0	0.0	0.0	0.0	0.0
ADJUSTMENT			0.90	2.56	2.60	2.64	2.69	2.74
REV PGM				2.56	2.60	2.64	2.69	2.74
TOTAL								

PROCUREMENT	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08

MPWR	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08
OFF	0	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0
Contractor	0	22	22	22	22	22	22	22

IMPACTS:

- Retain most of the currently assigned contract consultants
- HIPAA Title II Privacy Rule compliance required by 14 Apr 03—Successful due to contract assets in place
- 660 separate Privacy task compliance requirements to manage/track—ongoing even after compliance date
- HIPAA Security compliance clock ticking—mandate by 22 Apr 05; vital risk assessment and changes needed
- Provides staff continuity...especially during increased ops tempo
- Dedicated POC for patients/staff with respect to all privacy related issues at large bases
- If not funded, PO additional duty; at risk for compliance/fines; PAD continue to

Maj Greentree

AFMS Diagnostic Imaging Program Management Office

BACKGROUND: The AFMS is suffering a significant decrease in radiologists and radiology technologists. This shortage is expected to reach 50% and 30%, respectively, by CY03. Radiology equipment is outdated and non-standardized AFMS-wide; to include deployed packages. AFMLO has an ongoing effort to convert all AFMS MTFs from wet films to digital radiography. To complement this initiative, the AF/SG established an Integrated Process Team (IPT) to develop a model/plan for AFMS Teleradiology. The IPT has achieved its goals, but to sustain teleradiology/radiology advancements, it recommend a single focal point or program office be designated to address AFMS DI needs and efforts. This recommendation is supported by and will complement the AF/SG DI Consultant and Career Field Manager roles.

ADJUSTMENT:

Hire contract staff to support AFMLO as the AFMS Diagnostic Imaging Program Management Office

FUNDING ($M):	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008
CURRENT PROGRAM	.27	.27	.27	.27	.27
ADJUSTMENT	.85	1.0	1.0	1.0	1.0
REVISED PGM TOTAL	1.12	1.27	1.27	1.26	1.26

PROCUREMENT	FY04	FY05	FY06	FY07	FY08	FY09

MANPOWER	FY04	FY05	FY06	FY07	FY08	FY09
OFFICER						
ENLISTED						
CIVILIAN						

IMPACTS: CINC IPL: N DPG: MPG: N AF APPG: N MAPPG: Y UPL:

Support Contract - T-Nex Transition Program Management

BACKGROUND:

The AFMS requires contractor support for T-Nex transition planning, program management and execution. Contractors will perform studies and analyses, prepare the T-Nex Transition and Implementation Plans, support AFMS T-Nex training and IPT meetings, and recommend improvements in policy and business processes.

ADJUSTMENT:

Purchase 2 FTE contract employees to support T-Nex Transition and Implementation Plans, program management and execution for initial 12 months, with Government option to extend contract, if required.

FUNDING ($M):	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008
CURRENT PROGRAM	0.0	0.0	0.0	0.0	0.0	0.0
ADJUSTMENT	0.0	0.3	0.3	0.0	0.0	0.0
REVISED PGM TOTAL	0.0	0.3	0.3	0.0	0.0	0.0

PTC

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08

If Applicable

MANPOWER	FY03	FY04	FY05	FY06	FY07	FY08
OFFICER	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0
CIVILIAN	0	2	2	0	0	0

If Applicable

IMPACTS:

- **Contractor will develop AFMS T-Nex Transition and Implementation Plans**
- **Support all levels of the AFMS with T-Nex education and training (web based, conferences and symposia)**
- **Enhance efficiency at both the Multi-Market Manager and MTF levels**
- **Provide AFMS command consultant for T-Nex implementation – operationalizing DoD policies and procedures**
- **“Engine Room” support for T-Nex transition, to include IPT scheduling, planning topics and documentation**
- **Impact if not funded: T-Nex Transition and Implementation Plans may not be timely; inefficient implementation of T-Nex at AF MTFs may result in less efficient**

POC: Maj Greenlee

USAFA Multi-Service Market Office (MSMO) – Hire Contractors

BACKGROUND:

New requirement, directed by TMA. USAFA Hospital selected as MSMO, directing TRICARE operations for 122K beneficiaries in Pikes Peak Region. MSMO funded in FY04 for start-up/ops (e.g., comm, travel, supplies). USAFA wants max flexibility to hire contractor personnel for longer-term continuity of operations.

ADJUSTMENT:

Add $333K in FY04 and ($333K in FY05 for hiring 3 contractors + $150K in FY05 for MSMO ops). Also POM $150K for MSMO ops in FY06-11; $333K already POM'd in FY06 program for contractor personnel.

$M:	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PRG	.200	.000	.000	.000	.000	.000	.000	.000
ADJUSTMENT	.333	.483	.483	.483	.483	.483	.483	.483
REV PGM TOTAL	.533	.483	.483	.483	.483	.483	.483	.483

PROCUREMENT	FY04 FY11	FY05	FY06	FY07	FY08	FY09	FY10

MPWR	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
OFF	3		3	3	3	3	3	3 3
ENL	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0
CONTR	4	4	4	4	4	4	4	4

IMPACTS:

-REQUIREMENT: In FY04, 10 MDG funded at $200K for start-up & ops; 6 mil auths allocated for MSMO staff, coming from Lead Agents. However, 10 MDG wants 3 mil auths and dollars to purchase 3 contractors, to ensure continuity on MSMO staff (10 MDG would keep 3 O auths and return 3 O to AFMS in FY04/05)

- Assumes dollars not yet baselined in FY05, so FY05 UFR includes ops costs + dollars to buy 3 contractor staff

- Require add of $333K (FY04) to hire 3 cont. (12-month period) & $483K (FY05) for ops/cont. hires

- $333K contract $ POM'd in FY06-11 w/ FY05 TOA swap w/PACAF; Air Staff must also

VIDEO TELECONFERENCE EQUIPMENT AND CONTRACT

BACKGROUND:

Video teleconference equipment and management services for SG staff. VTC management services manage 70 to 100 sessions per month including SG calls, Hollywood Squares and other standing or ad hoc meetings as needed.

ADJUSTMENT:

Due to the geographic dispersion of SG staff, more VTC equipment is required. Tandberg 880 units average $24K each, Tandberg 1000 are $8,400 and MCU is $67K. The server for the Tandberg Management System is $3.5K. Adjustment also includes installation and maintenance for existing and new systems through FYDP.

$M:	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PRG	.385	.381	.381	.387	.395	.402	.409	.416
ADJUSTMENT	.334	.199	.211	.245	.279	.318	.359	.403
REV PGM	.719	.580	.592	.632	.674	.720	.768	.819
TOTAL								

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
Tandberg 880	0	3	0	0	0	0	0	0
Tandberg 1000	0	8	3	0	0	0	0	0
Tandberg MCU	0	1	0	0	0	0	0	0
TMS Server	0	1	0	0	0	0	0	0

MPWR	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
OFF	0	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0
K	3	4	4	4	4	4	4	4
R	0	0	0	0	0	0	0	0

IMPACTS:

IPL: Y MAPPG: N

- REQUIREMENT:

- Increase to VTC equipment will enable VTC vs Personal Attendance. Estimated reduction TDY is 10-20K/yr

- Impact of accepting: enables better communication at geographically disjoint locations throughout the AF/SG

- Impact of not accepting: Limited VTC availability

- What happens if we do not resource this capability? Minimal VTC capability will be available in all three locations (Pentagon, Bolling, Skyline)

- If not fully sourced, still need to source $69K in FY04 to replace existing legacy

CAPT WILLIAM B MALLORY, OGE, DSN 297-4771

MEPRS Support Contract

BACKGROUND:

MEPRS data quality is relatively poor. It's necessary we have someone get in the data and discover all the input problems associated with EASIV and provide assistance to the MAJCOM and MTFs to clean the data.

ADJUSTMENT:

Buy 6,040 hours of contract support to assist MTFs and MAJCOMs in identifying MEPRS problem areas, provide training, and help clean MEPRS data. This is recurring requirement beginning in FY04.

$M:	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
CURRENT PRG	11.5	11.5	11.5	11.5	11.5	11.5	11.5	11.5
ADJUSTMENT		0.5	0.5	0.5	0.5	0.5	0.5	0.5
REV PGM		12.0	12.0	12.0	12.0	12.0	12.0	12.0
TOTAL								

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10

MPWR	FY04	FY05	FY06	FY07	FY08	FY09	FY10
OFF	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0
K	4	4	4	4	4	4	4
R	0	0	0	0	0	0	0

IMPACTS:

IPL: N MAPPG: N

-REQUIREMENT: $500K DoDM 6010.13, Medical Expense Performance and Reporting System

-Increased dependence on accurate MEPRS Data to make AF & MHS Decisions

-There isn't anyone looking at the data from an improvement standpoint

-Other Services (Army & Navy) have put such programs into place, and we are falling behind in comparison

DHP Ambulance/Ambus (Fleet) Leasing

BACKGROUND:

Current AFMS vehicle fleet is simultaneously approaching end of life expectancy due to mass buys in 1994/95. Fleet is due for replacement by FY08. AF/ILPR procurement programming covers 56% of the requirement. Transfer of lease authority for certain fleet authorizations will better utilize procurement funds and allow programming to "catch-up" and stabilize out year sustainment.

ADJUSTMENTS:

Convert all 4X2 ambulance and ambus authorizations from procurement to lease. Assume cost of base operating support funded leases and pursue zero based transfer for funds currently utilized for lease authorizations. Current PRG includes fuel and maintenance ($100K/yr).

$M:	FY03	FY 04	FY05	FY06	FY07	FY08	FY09	FY10
CURRENT PRG	.1	.1	.1	.1	.1	.1	.1	.1
ADJUSTMENT	0	1.3	1.3	1.3	.7	.7	.7	.8
OFFSET		.6	.6	.6	.6	.6	.6	.6
REV PGM TOTAL		1.9	1.9	2.0	1.4	1.4	1.4	1.5

LEASE	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
AMB 4X2	0	133	133	133	76	76	76	76
AMBUS	0	46	46	46	46	46	46	46

MPWR	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
OFF	0	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0

IMPACTS:

- Allowances must be reworked to right-size fleet and eliminate excess vehicles that are driving down utilization and extending replacement
- Current authorizations are based on antiquated ATH and large inpatient missions
- Stop gap maintenance issues will have to be addressed as vehicles exceed life expectancy
- Fleet reliability and down-time issues will negatively impact emergency response mission and capability to transport patients
- Offset from Line O&M utilized for current leases of ambulances, 4X4's could be added to proposal for an additional $1.6M

Sustainment Restoration and Modernization (SRM)

BACKGROUND:

FY04 SRM (O&M) was original funded at $139.143M to fully funded both sustainment and restoration/ modernization programs based on DoD's funding models. At initial distribution, the FY04 program was decremented $49.143M to fund must pay bills. Additional MAJCOMs reprogrammed funds in FY05-11.

ADJUSTMENT: $49M in FY04 restores the program to full funding. Adjustments in FY05-11 restores MA

$M:	FY04	FY05	FY06	FY07	FY08	FY09	FY10
CURRENT PRG	90.000	130.600	135.338	141.695	146.435	148.224	
ADJUSTMENT	49.143	17.251	10.000	10.000	10.000	10.000	
REV PGM TOTAL	139.143	147.851	145.338	151.695	156.435	158.224	

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
	0	0	0	0	0	0	0	0

MPWR	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
OFE	0	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0

IMPACTS:

- **Restored program allows MAJCOMs/MTFs to fully fund sustainment and to restoration/modernization at DoD's 50-year recapitalization rate for medical infrastructure**
- **FY04 current program funds sustainment at 64% and recapitalization at 58-years**

Maj Wrockloff

Date: 03 Mar 2003

FY04 AFMS Medical Equipment Sustainment (O&M) - <$100K and >$100K <$250K

BACKGROUND:

Prior to FY04 distribution, requirement for expense equipment AFMS wide was $179M . FY04 President's budget provided $117M for EEIC 624 expense equipment requirements. Ultimate distribution was $32M (<$100K) and $1.4M (>$100K <$250K).

ADJUSTMENT:

After distribution of $33.4M , unfunded requirement remains at $145.6M. Equipment procurement planning was based on President's budget of $117M. Requirements above this level were rolled into out year procurement plans. The AFMS requires and is prepared to execute up to $89.1M in FY04.

Equipment < $100K (unit cost)

FUNDING ($M):	FY 2004
CURRENT PROGRAM	32.0
ADJUSTMENT	85.0
REVISED PGM TOTAL	117.0

Equipment >$100K <$250K (unit cost)

FUNDING ($M):	FY 2004
CURRENT PROGRAM	1.4
ADJUSTMENT	4.1
REVISED PGM TOTAL	5.5

PROCUREMENT	FY04	FY05	FY06	FY07	FY08	FY09
Total	0.0	0.0	0.0	0.0	0.0	0.0

MANPOWER	FY04	FY05	FY06	FY07	FY08	FY09
OFFICER	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0
CIVILIAN	0	0	0	0	0	0

IMPACTS:

Increased equipment age increases patient risk and operating cost. Equipment downtime, maintenance cost, and failure rate of equipment increases with average age of the inventory and results in increased outsourcing of patient care. In many cases, aged equipment leads to breakdown life cycle management which risks catastrophic failure and injury or death of patients. Older equipment can not meet mandated information assurance requirements. Severely limited sustainment funding constrains AFMS ability to insert new technologies.

POC: Mr Dave Baker, AFMSA/SGSLE

CLASSIFIED: N DPG: MPG: N AF APPG: N MAPPG: Y UPL:

David.Baker@FDetrick.af.mil

Meeting Recap & Calendar

U.S. AIR FORCE

- New Items
- Action Items
- Meeting Schedule:
  - AFMS Group:
    - Wed., 24 Mar, 1300-1530 EST, 4th flr conf rm
  - AFMS Council:
    - Thu., 1 Apr, 0900-1100 EST, 4th flr conf rm